





Texas Department of Criminal Justice

Brad Livingston  
Executive Director

ADMINISTRATIVE INCIDENT REVIEW

INCIDENT NUMBER: I-11200-08-11

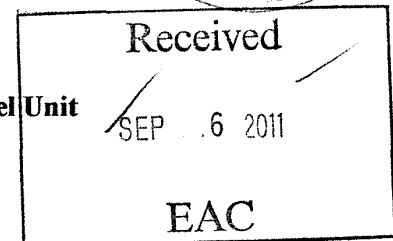
TEXAS DEPARTMENT OF CRIMINAL JUSTICE

MARK W. MICHAEL UNIT

August 8, 2011



To: Emergency Action Center  
Thru: Robert Eason, Region II Director *Ok R*  
From: Todd Foxworth, Senior Warden, Mark W. Michael Unit  
Subject: Offender Death



**Persons  
Involved:**

Togonidze, Alexander, 1578039, a 44 year old white male, serving a 60 year sentence for aggravated robbery with a deadly weapon, out of Collin County, Texas.

**Summary:**

On 8/8/2011, at approximately 0750 hours, Officer Jerry Whitley, CO3, was conducting a bed book count on 4 building, 2 section. 3 row. When Officer Whitley asks Offender Togonidze, Alexander, 1578039, in 41 cell to bring his identification card to the cell door, he did not get a response from him. Officer Whitley had the control picket officer, Christine Bartick, CO 3, call for a supervisor. Sergeant Domonic Odiaka responded to the scene and determined that medical assistance was necessary. Medical resopned and determined that Offender Togonidze was breathing and had a pulse. Offender Togonidze was transported by gurney to the Michael Unit Emergency Room for further treatment.

In the emergency room it was determined that Offender Togonidze was in Cardiac Arrest and was treated with the Automatic External Defibulator (AED). Medical staff called 911 and an ambulance was dispatched to the unit. Offender Togonidze was pronounced deceased at 0814 hours by Doctor Gary Wright, a Michael Unit Physician. A rectal temperature was taken, which was 106 degrees. When it was noted that the heat may have been a factor in causing the cardiac arrest, Misty Atchison, Michael Unit Risk Management, went to 4 building, D pod, 41 cell and took a temperature reading, which was 86.2 degrees.

Office of the Inspector General, Tony Allison had been contacted at 0810 hours and arrived at the emergency room at 0822 hours. Mr. Allison conducted a

Incident Number: I-11200-08-11  
8/8/2011

visual exam of Offender Togonidze's body and found a facial bruise which he believed was caused by the offender falling. No foul play or assault was suspected by Mr. Allison. Justice of the Peace, Carl Davis, had been contacted and arrived on the unit at 0850 hours and agreed with the determination of death and signed the order for an autopsy to be done. Carnes Funeral Home arrived at the Michael Unit at 1135 hours and took possession of the body. At 1150 hours, Emergency Action Center, Ginger Kellogg, was contacted and issued the number I-11200-08-11 for this incident.

**Employee**

**Action/Inaction:** All actions taken by staff were appropriate during this incident.

**Attachments:**

TNG-93  
E-mail  
Temperature Reading E-Mail  
Statements from staff  
Copy of Travel Card  
Order for Autopsy  
Inquest Transport Order  
Chaplain Packet  
Provisional Autopsy Report  
Medical Records  
Photos on CD

**Statements:**

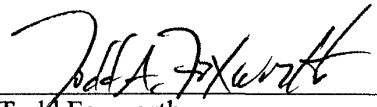
Officer J. Whitley, CO3  
Officer C. Bartick, CO3  
Sergeant D. Odiaka

Incident Number: I-11209-08-11  
8/8/2011

**Administrative Review:**

**Warden's/Administrative Supervisor's Comments:**

On 8/8/2011, at approximately 0750 hours, Offender Togonidze, Alexander, 1578039, was unresponsive when ask for his identification card during a bed book count. A supervisor was called for and determined that medical assistance was needed. When medical arrived they found the offender to be breathing and had a pulse but took him to the emergency room for further evaluation. In the emergency room it was determined that he was possibly having Cardiac Arrest. Cardiac Pulmonary Resuscitation was initiated but Offender Togonidze failed to respond to all efforts, he was pronounced deceased at 0814 hours by Michael Unit Physician, Doctor Gary Wright. Justice of the Peace, Carl Davis, ordered an autopsy. The Provisional Autopsy Report from The University of Texas Medical Branch, dated 8/10/2011, states the cause of death is hyperthermia, and the manner of death is accidental. It should be noted that Michael Unit Risk Manager, Misty Atchison, did go to the offender's cell and do a temperature reading, recording the temperature at 86.2 degrees. We are currently awaiting the final report that may or may not have a secondary cause of death. Offender Togonidze's family has been contacted, with our condolences, and will claim the body.

  
\_\_\_\_\_  
Todd Foxworth  
Senior Warden

8-16-2011  
\_\_\_\_\_  
Date

Incident: I-11200-08-11 / Offender Death / Michael Unit.

Regional Director/Assistant Director's Comments:

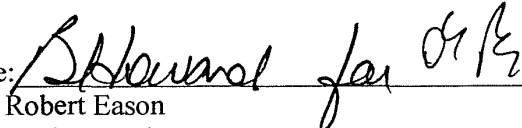
An investigation into the offender death that occurred on August 8, 2011, on the Michael Unit involving Offender Togonidze, Alexander TDCJ #1578039, indicated that employee action or inaction was not a contributing factor in the incident. All employees' actions during this incident were in accordance with agency policy and procedures.

On August 8, 2011, at or about 0750 hours, Offender Togonidze was not responsive when asked for his identification card during a bed book count. A supervisor was requested, upon his arrival a determination that medical assistance was needed. Unit medical staff arrived and observed the offender breathing with a pulse. The offender was transported by gurney to the unit medical department. It was determined that the offender was in cardiac arrest and Automatic External Defibrillator (AED) was utilized. Emergency Medical Services were requested; however, all efforts failed and the offender was pronounced deceased at 0815 hours by Dr. Gary Wright. Offender Togonidze's body temperature was 106 degrees.

Office of the Inspector General Tony Allison was notified and initiated an investigation. The case number is pending. Justice of the Peace Carl Davis arrived at the unit at 0850 hours and ordered an autopsy. The provisional autopsy report dated August 10, 2011, indicated the cause of death as hyperthermia and the manner of death as accidental. The family was contacted and will claim the body. Carnes Funeral Home arrived at 1135 hours and took possession of the body.

On the date of the incident at 0830 hours, the air temperature in the housing area was 86.2 degrees and 71% humidity for a heat index of 93 degrees. The following heat precautions are taken on the Michael Unit to minimize heat related illnesses: air flow is monitored, all ventilation fans in the area were functioning properly, offenders are allowed to wear commissary shorts and t-shirts in the housing area, and ice water is placed in the housing areas throughout the day. Offender Togonidze did have a commissary fan in his cell. All staff and offenders are trained on heat awareness and precautions in accordance with AD 10.54, Temperature Extremes in the Workplace.

This office requires will review this incident in 90 days.

Signature:  Date: 9.6.11  
Robert Eason  
Region II Director

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
EMERGENCY ACTION CENTER  
SERIOUS INCIDENT REPORT FORM**

EAC# I-11200-08-11

TYPE OF INCIDENT	UNIT CODE	DATE/TIME REPORTED	REPORTED BY
Offender Death/Cardiac Arrest/Heat Related	036	8/8/11	Lt. Robert Bush
		13:22	

DATE/TIME OCCURRED	SPECIFIC LOCATION	GANG RELATED	GANG IDENTIFICATION
8/8/11 08:15	Unit Infirmary	N/A	N/A

WAS THE INCIDENT RACILLY MOTIVATED ☐ YES ☒ NO**EMPLOYEE INFORMATION**

NAME	SSN	RACE	SEX	AGE	RANK	HOSPITAL

WERE EMPLOYEES TRANSFERRED TO A HOSPITAL? ☐ YES ☐ NO NAME OF HOSPITAL: \_\_\_\_\_**OFFENDER INFORMATION**

NAME	TDCJ#	RACE /SEX	AGE	CUSTODY CODE	INJURIES	A-V
Togonidze, Alexander	1578039	W/M	45	G3	Yes	V

WERE OFFENDERS TRANSFERRED TO A HOSPITAL? ☐ YES ☒ NO NAME OF HOSPITAL: \_\_\_\_\_**INFORMATION ON DECEASED**

NAME	TDCJ#	RACE /SEX	AGE	CUSTODY CODE	INJURIES	A-V
Togonidze, Alexander	1578039	w/m	45	G3	Yes	V

DATE/TIME VICTIM(S) PRONOUNCED DECEASED: 08:15 a.m.NAME OF PERSON PRONOUNCING VICTIM(S) DECEASED: Dr. G. WrightPRELIMINARY CAUSE OF DEATH: Cardiac Arrest/ Heat RelatedMOTIVE FOR ASSAULT/DEATH: N/ANEXT OF KIN NOTIFIED? ☐ YES ☒ NO DATE/TIME/BY WHOM: \_\_\_\_\_HUNTSVILLE FUNERAL HOME NOTIFIED: ☒ YES ☐ NO DATE/TIME/BY WHOM: 8/8/11 08:25  
Lt. R. BushJUSTICE OF PEACE NOTIFIED: ☒ YES ☐ NO DATE/TIME/BY WHOM: 8/8/11 08:26  
Lt. R. Bush

### ASSAILANT INFORMATION

IS THE ASSAILANT(S) UNDERGOING INTERROGATION BY THE OFFICE OF INSPECTOR GENERAL? ☐ YES ☒ NO

WAS THE ASSAILANT(S) AT THE LOCATION AT THE TIME OF THE DISCOVERY? ☐ YES ☒ NO

### WEAPON INFORMATION

WEAPONS (DESCRIBE IN DETAIL): N/A

### CHEMICAL AGENT INFORMATION

AMOUNT	TYPE	AUTHORIZATION

WAS OFFICE OF INSPECTOR GENERAL NOTIFIED? ☒ YES ☐ NO Investigator: Tony Allison

### SUMMARY OF INCIDENT

See Attached E-mail

PREPARED BY : LT. ROBERT BUSH DATE: 08-07-2011

AUTHORIZED BY: MAJOR JODY HEFNER

TNG – 93 (REV. 06/2004) 2 OF 2

\*\*\*\*\*  
 \*\*\* REQUESTOR: RBUI461 - BUSH, ROBERT MICHAEL UNIT \*\*\*\*\*  
 \*\*\*\*\*  
 \*\*\* S Y S M O U T B A S K E T P R I N T \*\*\*

MESSAGE ID: 977189 DATE: 08/08/11 TIME: 01:22pm PRIORITY: 000

SUBJECT: I-11200-08-11

EAC USE ONLY: DATE REPORTED:.....TIME REPORTED:.....

EMERGENCY ACTION CENTER INCIDENT NO: I - 11209 - 08 - 11  
 MAJOR USE OF FORCE NUMBER (IF APPLICABLE): M - - -  
 TYPE OF INCIDENT: OFFENDER DEATH CARDIAC ARREST/HEAT RELATED  
 UNIT: MI REGION 02 DATE OCCURRED: 08 / 08 / 2011 TIME OCCURRED: 08:15  
 SPECIFIC LOCATION: UNIT INFIRMARY  
 INITIAL INCIDENT COMMANDER: (IF APPLICABLE)  
 RANK/NAME: SGT. OBIAKA, D.  
 FINAL INCIDENT COMMANDER (IF COMMAND WAS TRANSFERRED):  
 RANK/NAME: CPT. STEPHENSON, M.  
 LEVEL OF RESPONSE: (INDICATE ALL THAT APPLY)  
 X A B C D E N/A (IF INCIDENT WAS HANDLED WITHOUT  
 REQUEST FOR RESPONSE TEAM)  
 GANG IDENTIFICATION: NONE  
 WAS OFFICE OF INSPECTOR GENERAL NOTIFIED: X YES NO  
 WAS INCIDENT RACIALLY MOTIVATED: YES X NO

#### OFFENDER INFORMATION

OFFENDER NAME (LAST, FIRST M)	TDCJ NO	CUST	RACE	SEX	AGE	INJ	A-V
YOGONIDZE, ALEXANDER	1578039	63	W	M	45	Y	V

WERE OFFENDERS TRANSFERRED TO A HOSPITAL YES X NO  
 BY: EMS VAN LIFE FLIGHT  
 NAME OF HOSPITAL:  
 TREATMENT:

#### EMPLOYEE INFORMATION

NAME (LAST, FIRST M)	SSN	RACE	SEX	AGE	RANK
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WHEN REPORTING AN ALLEGED SEXUAL ASSAULT PLEASE PROVIDE THE FOLLOWING  
 WAS A RAPE KIT COMPLETED YES NO DECLINED  
 WAS A SEXUAL ASSAULT REPRESENTATIVE REQUESTED/PROVIDED YES NO DECLINED  
 IF YES NAME/TITLE OF REPRESENTATIVE:

WHEN REPORTING A DEATH/SUICIDE/HOMICIDE PLEASE PROVIDE THE FOLLOWING  
 DATE: 08 / 08 / 2011 TIME: 08 : 15 PRONOUNCED DECEASED  
 PERSON PRONOUNCING VICTIM DECEASED NAME/TITLE: DR. WRIGHT, G.  
 COUNTY WHERE DEATH OCCURRED: ANDERSON



PRELIMINARY CAUSE OF DEATH: CARDIAC ARREST/HEAT RELATED  
 NEXT OF KIN NOTIFIED YES X NO DATE: / / TIME: :  
 NAME OF NOK: IA LASHVILLE  
 HUNTSVILLE FUNERAL HOME NOTIFIED X YES NO  
 JUSTICE OF PEACE NOTIFIED: X YES NO

## DESCRIPTION OF WEAPON(S) CONTRABAND

AMOUNT	CHEMICAL AGENT INFORMATION LIST TYPE	AUTHORIZATION
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WAS TEAM AUTHORIZED YES X NO DECONTAMINATED YES X NO INJURIES X YES NO

WERE ANY TECHNOLOGIES/PROTECTIVE EQUIPMENT/CANINE LISTED BELOW PERTINENT TO THIS INCIDENT?  
 YES X NO

IF YES, INDICATE APPLICABLE

PARCEL SCANNER  
 WALK THROUGH METAL DETECTOR  
 HAND HELD METAL DETECTOR  
 B.O.S.S. CHAIR  
 VIDEO SURVEILLANCE  
 HEARTBEAT DETECTION SYSTEMS X  
 BODY ALARM  
 PERIMETER FENCE DETECTION SYSTEMS  
 STAB-RESISTANT VEST  
 NARCOTIC DETECTOR CANINE  
 CELL PHONE DETECTOR CANINE  
 PACK CANINES  
 S.A.R. CANINES  
 CONTRABAND INTERDICTION SHAKEDOWN TEAM  
 OTHER:

WHEN APPLICABLE INCLUDE IN THE "SUMMARY OF INCIDENT" HOW THE RESOURCE(S) IDENTIFIED ABOVE WAS RELEVANT TO THE INCIDENT.

## SUMMARY OF INCIDENT

ON 8/8/11 AT APPROXIMATELY 08:05 HRS. OFFICER WHITLEY J. WAS CONDUCTING COUNT PROCEDURES AND NOTICED THAT OFFENDER TOGONIDZE, ALEXANDER 1578039 WAS UNRESPONSIVE IN HIS ASSIGNED CELL 4041B. OFFICER WHITLEY IMMEDIATELY CALLED FOR A SUPERVISOR AND MEDICAL STAFF. SGT. ODIAKA, D. ARRIVED ON SCENE AND STARTED ICS. MEDICAL STAFF ARRIVED AND THE OFFENDER WAS ESCORTED TO THE UNIT INFIRMARY AND CPR WAS STARTED IMMEDIATELY BY SECURITY STAFF AND MEDICAL CELL SIDE. THE CPR CONTINUED AND ALL LIFE SAVING MEASURES INCLUDING THE AED WAS USED TO TRY TO REVIVE THE OFFENDER TO NO AVAIL. DR. WHRIGHT, G. PRONOUNCED THE OFFENDER DECEASED AT 08:15 HRS. THE CAUSE OF DEATH WAS CORE TEMPERATURE READ 106 DEGREES AND THE HEAT HAD A AFFECT ON THE OFFENDERS HEALTH CONDITIONS LEADING TO CARDIAC ARREST. THE TEMPERATURE IN THE CELL WAS MEASURED ABOUT THIS TIME AND READ 86 DEGREES. TONY ALLISON OF OIG WAS CONTACTED AT 08:10 HRS. AND ARRIVED AT THE E/R AT APPROXIMATELY 08:35 HRS. JUSTICE OF THE PEACE DAVIS ARRIVED ON THE UNIT AT 08:50 HRS. AND AGREED WITH THE CAUSE OF DEATH AND SUGGESTED A AUTOPSY. TONY ALLISON PERFORMED A EXAM OF THE OFFENDER AND ONLY FOUND A FACIAL BRUISE WHICH HE BELIEVED WAS CAUSED

BY THE OFFENDER FALLING, NO FOUL PLAY OR OFFENDER ASSAULT WAS FOUND BY OFFICER ALLISON. CARNES FUNERAL HOME WAS CONTACTED AT 08:35 HRS. AND ARRIVED ON THE UNIT AT 11:35 HRS. AND TOOK POSSESSION OF THE BODY AND LEFT THE UNIT 11:50 HRS. GINGER AT EAC WAS CONTACTED AT 10:54 AND ISSUED I-11200-08-11 TO THE INCIDENT. DUTY WARDEN J. HEFFNER WAS NOTIFIED AT 08:20 HRS. THE UNIT CHAPLAIN IS AT THIS TIME TRYING TO ESTABLISH CONTACT WITH NEXT OF KIN LISTED IN OFFENDER TOGONIDZE'S RECORDS, AND AT THIS TIME NO CONTACT HAS BEEN SUCCESSFULL. ALL PERTINENT AUTHORITIES HAVE BEEN CONTACTED.

(SEND ADDITIONAL INFORMATION TO HQEAC01 INCLUDE INCIDENT NUMBER AS SUBJECT)  
PREPARED BY: LT. R. BUSH DATE: 08 / 08 / 2011  
AUTHORIZED BY: MAJOR J. HEFFNER.

Sent to: INCIDENT (list) (16)

\*\*\*\*\*  
\*\*\* REQUESTOR: TFO9822 - FOXWORTH, TODD MICHAEL UNIT \*\*\*  
\*\*\*\*\*  
\*\*\* SYSM INBASKET PRINT \*\*\*

MESSAGE ID: 975278 DATE: 08/08/11 TIME: 09:53am PRIORITY: 000

TO: TFO9822 - FOXWORTH, TODD  
WARDEN  
MICHAEL UNIT

FROM: MHU4065 - ATCHISON, MISTY  
SAFETY OFFICER I  
MICHAEL UNIT

SUBJECT: TEMPERATURE READING (4D-41)

ON AUGUST 8, 2011, ON THE MICHAEL UNIT, AT APPROXIMATELY 0830 HOURS,  
PER REQUEST OF SENIOR WARDEN TODD FOXWORTH, A TEMPERATURE READING WAS  
CONDUCTED ON 4 BUILDING, D POD, 41 CELL WITH THE FOLLOWING RESULTS:

86.2 DEGREES + 71% HUMIDITY = 93

M. ATCHISON  
RISK MANAGER  
MICHAEL UNIT

Sent to: JHE6838 HEFNER, JODY (to)  
TFO9822 FOXWORTH, TODD (to)

Texas Department of Criminal Justice  
CORRECTIONAL INSTITUTIONS DIVISION  
Mark W. Michael Unit



Inter-Office Communications

To Lt. Bush Date 8/8/11

From J. Whitley CO-III Subject Togonidze, Alexander  
#1578039

On 8/8/11 I was doing the bed book count on 4 bldg, D pod. when I came to D-41 cell I could not get offender Togonidze to bring his ID card to the door, I had the control picket to call for the building sergeant. The offender was found to be unresponsive. Medical was notified and the offender was removed from the building on a gurney

*Jerry Whitley CO-III*

Texas Department of Criminal Justice  
CORRECTIONAL INSTITUTIONS DIVISION  
Mark W. Michael Unit



Inter-Office Communications

To Lt. Bush Date 8-8-11

From C. Bartick CA3 Subject Togonidze-1578039

During the bedbook count, officer Whitley motioned for a supervisor in 2 Section 3 row D11 cell. I, officer Bartick called the desk for the Sgt. on 4 Bldg. Sgt. Adiake responded immediately.

Texas Department of Criminal Justice  
CORRECTIONAL INSTITUTIONS DIVISION

Mark W. Michael Unit



Inter-Office Communications

To Lt. Bush Date 08/08/11

From Sgt. D. Odricka Subject Offender Togolidge, Alexander #1578039

On 08/08/11 at approximately 0800 hrs, I was informed that offender Togolidge was non-responsive when I arrived the offender's cell, the offender was breathing and had a pulse, so no CPR was necessary. I immediately called for medical assistance, medical arrived shortly, and they did not indicate that CPR was necessary. Medical transported said offender on a gurney to the Unit infirmary for further evaluation. It was assumed that the offender was just sick and would soon return to his cell. Since offender Togolidge had already soiled his bed with human waste his mattress and linen was removed to be cleaned, so that his cell mate would return to the cell. There seem to be no foul play or assault on the situation,

Plaintiffs' MSJ Appx. 3406

Sgt. D. Odricka

**Admission Summary**TOGONIDZE,  
Alexander (W)

1578039A

AGGRAVATED ROBBERY  
DEADLY WEAPON

60Y

NV

12

N

Name	Number	Offense	Sent.	Ed.	GED
12/28/2066	12/28/2066	86	42	12/02/1966	07/13/2009 MRF / cdh
Max Expir	Minimum Expiration	I.Q.	Age	DOB	Int./By
County:	Collin			12/28/2006	07/02/2009
Work Experience:	None			Sent. Beg.	Date Received
Vocational Skills:	None				

Inst.	Commitments	Escapes	ALL POSTINGS
Juv Prob			Jail Good Time Credited From Sentence Begin Date
Prob Snt	2		70th/72nd/73rd LEGISLATURE - NON-MANDATORY SUPERVISION PROSPECT
Jails			CALC. PAROLE ELIG. ON CALENDAR TIME
Reft'y			L1 EFF: 12/28/2006 W EFF: 12/28/2006
Det Hosp			7-20-09 SCC MI / LIG3
Det Home			7/22/09 MI ucc(01) G3 food service
St Trans			
St Jail			
SubA TF			
TDCJ-ID			
O/Pris			

TOGONIDZE,  
Alexander

# 1578039A

**ALL POSTINGS (Cont'd.)****Transfers and Assignments**

Date	Place	Work
7-22-09	MI	Assign

AGGRAVATED ROBBERY DEADLY WEAPON (1) (60 years)

ILLNESS, INJURY OR DEATH - NOTIFY  
IA Iashvile (SIS)

2116 Leeds Dr. Plano, TX 75025 (972-527-8488)

RACE: WHITE SEX: MALE HEIGHT: 05' 06" WEIGHT: 185

COMPLEXION: RUDDY EYES: BRO HAIR: BRO

NATIVITY: Georgia, Russia

MARKS and SCARS:

CUT SCAR UNDERNEATH CNTR CHIN. TAT UNIDENTIFIED TAT OUTSD UPR LEFT ARM.

DETAINERS: 8/3/10 - ~~Imm~~ Immigration & Customs  
Enforcement - 7405 C1 Hwy 75 SE - Huntsville  
Jx 77340

Alexander

\_\_\_\_\_

## Transfers and Assignments

[illegible]

SUMMARY:

3 arrests involving 2 violent offenses--9 months probation Collin County 2001 Assault Causing Bodily Injury Family Member (hit adult white female during argument, no injuries, completed, NOT VERIFIED)--1 year adult probation Collin County 2004 for Possession Marijuana (claims had one joint, completed, NOT VERIFIED)--as present TDCJ-CID #1578039 received at Gurney Unit on 07/02/2009, maintained clear record, 07/08/2009 transferred Byrd/Diagnostic Unit for intake processing--claims contact with mother, 1 half sibling, 1 child--claims no contact with father--claims 1 marital failure with 1 child involved--claims divorced--claims possible DETN from US ICE DETN-- refer to Diagnostic and Evaluation Classification Summary--

PRESENT OFFENSE SUMMARY:

The current offense of AGGRAVATED ROBBERY DEADLY WEAPON involves the subject on 12/28/2006 during the nighttime hours call for a cab in Dallas, TX. After the cab driver, Dawitt Alme (44 year old black male) drove the subject to Plano, subject stabbed the victim in the back and shoulder with a letter opener and robbed the victim of \$140 in cash. The victim jumped from the still moving cab that then hit a fire hydrant. The victim sustained stab wounds to the back and shoulder, a broken pelvis, a broken leg, and separated shoulder. The subject fled the scene on foot and was arrested the next day when he was identified at the same store he called the cab from. The subject was held in Collin County Jail where he was unable to post a \$100,000 bond (NOT VERIFIED)--

DPS #: 06546319  
FBI #: 358785PB2  
SSN #: 640-56-1586  
DL #: 18494626



CSIMF500

T.D.C.J. INSTITUTIONAL DIVISION INMATE VISITORS LIST  
 DATE: 10/18/10 TIME: 14:21:50

NAME: TOGONIDZE, ALEXANDER TDC# 01578039 STAT/CUST: S4 G3 UNIT: M:  
 HSNB ASSIGNMENT: BLDG 4-D-2 ROW GA CELL: 39 LAST VISITOR LIST CHANGE: 10 18 10  
 INMATE TYPE: ID  
 TOGONIDZE, MEDEYA MO 2116 LEEDS DR, PLANO, TX  
 IASNVILI, IA NIECE 2116 LEEDS DR, PLANO, TX  
 BEGG, RAZA NEPHW 2116 LEEDS DR, PLANO, TX  
 GOLDELLX, IRINA COUSN 2116 LEEDS DR, PLANO, TX  
 KAUTARADZEE, KETEVAN COUSN 3120 HEIDI DR, PLANO, TX  
 BARNETT, CRIS COUSN 2116 LEEDS DR, PLANO, TX  
 KARTARADZE, REJEB FRND REPUBLIC OF GEORGIA, USSR, GA  
 MAMULADZE, NARGUL FRND REPUBLIC OF GEORGIA, USSR, GA

3 CONTACT VISITS PER MONTH

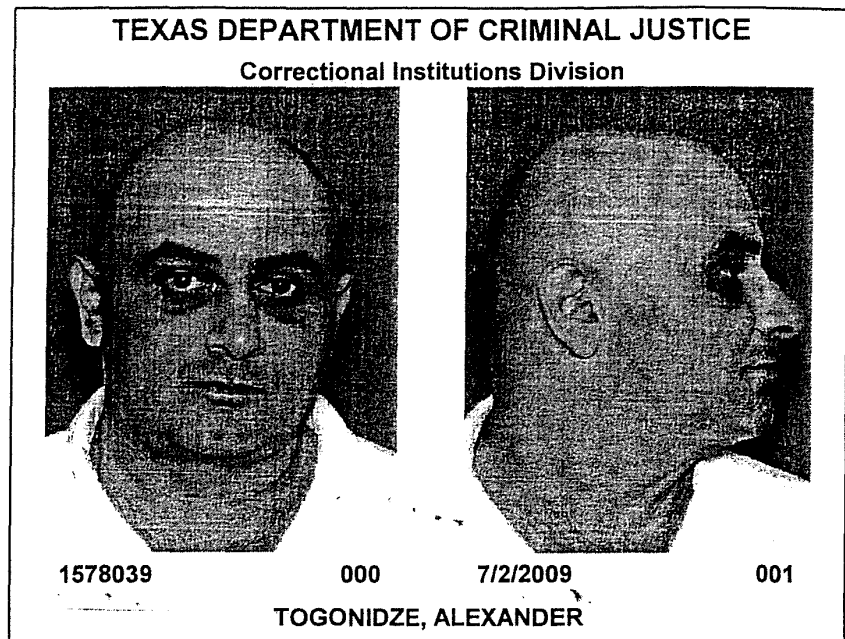
CONTACT VISITS THIS MO: 0 LAST VISIT DATE: CONTACT VISIT ELIG. Y  
 REGULAR VISITS THIS MO: 0 LAST VISIT DATE: 08 01 10  
 SPECIAL VISITS THIS MO: 0 LAST VISIT DATE:  
 ENTER NEXT TDCNO, CODE, OR REQUEST: OR SIDNO  
 PF1=HELP PF5=DISAPPROVED LIST PF10=FAMILY PAGE

PF1=HELP

PF5=DISAPPROVED LIST

PF10=FAMILY PAGE

SSN #: 040-56-1586  
 PL # 18404636



CARL E. DAVIS  
Justice Of The Peace  
Precinct Two

ANDERSON COUNTY COURTHOUSE ANNEX  
703 N. MALLARD, STE. 107  
Palestine, Texas 75801  
Ph. (903) 723-7486  
Fax (903) 723-7807

ORDER FOR AUTOPSY

THE STATE OF TEXAS

\*

Togonidze, ALEXANDER  
DECEASED

COUNTY OF ANDERSON

\*

12-2-66  
DATE OF BIRTH

On this day came to be heard, the INQUEST HEARING INVESTIGATION in regard to the death of Togonidze, ALEXANDER, a White (f) male, age 44, and the cause of death is violent, unnatural, or unknown.

After hearing testimony and evidence in regard to the death of the deceased, it is determined by the aftersigning Justice of The Peace that an autopsy on the body of said deceased is necessary so that the cause of death may be ascertained and for other necessary reasons.

BE IT THEREFORE CONSIDERED, ORDERED AND DECREED, that an autopsy be had on the body of the deceased. There being no Health Officer in and for Anderson County, it is hereby ORDERED that UNIVERSITY OF TEXAS MEDICAL BRANCH, in GALVESTON, TEXAS, or any other physician, duly licensed in Texas and trained in Pathology, shall forthwith perform said autopsy on the body of the deceased, which body is at CARNES Funeral Home, in TEXAS CITY, TEXAS

ISSUED UNDER MY OFFICIAL SIGNATURE of office in Anderson County, Texas this 8<sup>th</sup> day of August 2011.

Time of Death: 815 A.M. Date of Death: 08 08 / 11

Carl E. Davis  
Carl E. Davis, Justice of The Peace  
Precinct 2, Place 1

COMMENTS: \_\_\_\_\_

Copy of Autopsy to: \_\_\_\_\_

CARL E. DAVIS  
Justice Of The Peace  
Precinct Two

ANDERSON COUNTY COURTHOUSE ANNEX  
703 N. MALLARD, STE. 107  
Palestine, Texas 75801  
Ph. (903) 723-7486  
Fax (903) 723-7807

### INQUEST TRANSPORT ORDER

THE STATE OF TEXAS                      \* ORDER FOR TRANSFER OF DEAD BODY  
COUNTY OF ANDERSON                  \* FROM ANDERSON COUNTY TO  
JUSTICE COURT, PCT. 2                  \* ANOTHER COUNTY FOR AUTOPSY

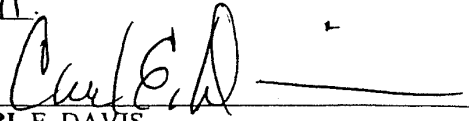
On this day, came on to be heard, evidence in an INQUEST INVESTIGATION HEARING in regard to the death of TOYONIDEA ALEXANDER, a White (female), age 44, date of birth 12/2/166 and said cause of death being either violent, unnatural, or unknown.

Time of Death: 8:15 A.M.      Date of Death: 08/08/11

After considering evidence presented and upon investigation in regard to this death, it is of the OPINION at this time that an autopsy should be had.

BE IT THEREFORE ORDERED, AND DECREED, that CARNES Funeral Home, Texas City, Texas, who has the remains of the deceased, Transport said deceased to UNIVERSITY OF TEXAS MEDICAL BRANCH, IN GALVESTON, TEXAS, as prescribed by law and return said body upon completion of autopsy which is to be performed by authorized or any other pathologist duly licensed to practice pathology in THE STATE OF TEXAS.

ISSUED UNDER MY OFFICIAL SIGNATURE of Office in Anderson County, Texas, on this the 8<sup>th</sup> day of August, 2011.

  
CARL E. DAVIS  
Justice Of The Peace, Precinct 2, Place 1  
Anderson County, Texas

Comments: \_\_\_\_\_

Copy of Autopsy to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Texas Department of Criminal Justice  
INSTITUTIONAL DIVISION

**Inter-Office Communications**

To WARDEN FOXWORTH Date 08/09/2011

From Chaplain Carlos Arcipreste Subject Death of Offender  
TOGONIDZE, ALEXANDER #1578039

On August 8<sup>th</sup>, 2011 at 0815 hours Michael Unit , Inmate TOGONIDZE, ALEXANDER #1578039 passed away. At 0835 hours I was contacted by Lt. Robert Bush and informed of the offender's death. At 0915; 0916; 0928; 0929 hours I attempted to call Medeia Togonidze (Mother) at 972-527-8488 on travel card( No Answer) At 0928, and 1445 hours Inspector General Anthony Allison provided me with numerous possible phone numbers 972-527-8488 ; 214-727-3599; 972-468-9077; 972-203-1933 ;817-238-1431; 817-230-7189; 817-531-2221; 817-230-7507; 972-527-8488 ( not in service ). On August 9th, 2011, Tuesday at 0958 and 1645 hours I called the Plano Police Department and ask them to go and do a residence check and to notify them that I needed to get in contact with them . Finally at 1710 hours Mr.Raza Begg (Nephew).called to the Michael Unit and I inform him of his Uncles death. The family will be claiming the body. Due to time frame to notify the family an Autopsy has been done. I then gave the telephone number to him for Carnes Funeral Home 409-986-9900 and 888-822-7637 and informed him that he would need to contact them for all further arrangements concerning the body .

As per standard operating procedures in the event of an inmate death as outlined by Warden D. Dewberry to all security supervisors as it related to A.D. 03-29 (REV.). I would like to document the following scenario:

**On: August 8<sup>th</sup>, 2011**

At 0815 hours Michael Unit , Inmate TOGONIDZE, ALEXANDER #1578039 passed away.

At 0835 hours I was contacted by Lt. Robert Bush and informed of the offender's death.

At 0915; 0916; 0928; 0929 hours I attempted to call Medeya Togonidze (Mother) at 972-527-8488 on travel card( No Answer)

At 0928, and 1445 hours Inspector General Anthony Allison provided me with numerous possible phone numbers 972-527-8488 ; 214-727-3599; 972-468-9077; 972-203-1933 ;817-238-1431; 817-230-7189; 817-531-2221; 817-230-7507; 972-527-8488 ( not in service )

August 9th, 2011, Tuesday at 0958 and 1645 hours I called the Plano Police Department and ask them to go and do a residence check and to notify them that I needed to get in contact with them .

Finally at 1710 hours Mr.Raza Begg (Nephew).called to the Michael Unit and I inform him of his Uncles death.

**The next of kin will be listed as:**

**RAZA BEGG ( Nephew )**

**2116 Leeds Dr.**

**Plano , Texas 750525**

**469-774-5727**

cc: Major Bowman  
Director of Chaplaincy  
Director of Classification/Attn: Cherie Littlejohn  
Huntsville Unit/Connie Weich  
UTMB Autopsy Services

Northern Regional Medical Director-Beto  
Use of Force  
Inmate Records  
Property Office  
OIG  
File

~~McGuffin/Togonidze~~420

\*\*\*\*\*  
 \*\*\* REQUESTOR: A500013 - ARCIPRESTE, SAMUEL MICHAEL UNIT \*\*\*  
 \*\*\*\*\*  
 \*\*\* SYSTEM OUT BASKET PRINT \*\*\*

MESSAGE ID: 987706 DATE: 08/09/11 TIME: 05:30pm PRIORITY: 000

SUBJECT: DEATH NOTIFICATION

\*\*\*\*\*DEATH NOTIFICATION\*\*\*\*\*

INHATE: TOGONIDZE, ALEXANDER (REVISED TDCJ# 1378039)  
 DATE OF DEATH: 08/08/2011  
 CUSTODY: GP L3 STATUS: S30 RACE: W/M DOB: 12/02/66 AGE: 43  
 CAUSE OF DEATH: CARDIAC ARREST TIME: 0815 DOCTOR: G. WRIGHT  
 PLACE OF DEATH: HI UNIT INFIRMARY  
 DUTY WARDEN: JODY HEFNER TIME: 0820  
 JUSTICE OF THE PEACE: MR. DAVIS TIME: 0830  
 TDCJ-ID-1AD: TONY ALLISON TIME: 0810  
 CARNES FUNERAL HOME: TIME: 0825  
 CHAPLAIN: CARLOS ARCIPRESTE TIME: 0835  
 EAC: GINGER KELLOGG I-11200-08-11 TIME: 1036  
 APPROVAL OF AUTOPSY BY H.O.K. ( ) YES ( ) NO ( X ) UNABLE TO CONTACT  
 H.O.K. RAZA BEGG (NEPHEW) TIME 1710 HRS PHONE 469-774-5727  
 ADDRESS: 2116 LEEDS DR. FAMILY WILL ( X ) WILL NOT ( ) CLAIM BODY  
 ADDRESS: PLANO, TEXAS 75025  
 LOCATION OF BODY:  
 LOCATION OF INHATE PROPERTY:

Sent to:	HSMA016	DEATH RECS/CAROLYN MCILLIAN	(cc)
	HUWAR01	HUNTSVILLE_WARDENS_OFFICE	(cc)
	CHAPSUF	HARDIN, LAVANA	(cc)
	HCEAC01	CENTER, EMERGENCY ACTION	(cc)
	CAS7773	ASHMORTH, CARISE	(cc)
	KEN2430	ENLOE, KELLY	(cc)
	HOSPICE	<list>	(cc)

## OFFENDER DEATH NOTIFICATION WORKSHEET

To: Warden Foxworth Date: August 8, 2011From: Chaplain Carlos Arcipreste Subject: Offender Death Notification1. *Offender Information*

Name: TOGONIDZE, ALEXANDER  
 TDCJ#: 1578039 Unit Assigned: Michael Unit  
 Cause of Death: CARDIAC ARREST  
 Date of Death August 8, 2011 @ HOURS 0815  
 Place of Death: (unit/hospital): Michael Unit INFIRMARY  
 Certifying Physician/Justice of the Peace: DR. G. WRIGHT

2. *Family Contact: In the event of natural causes of death under a physician or registered nurse's care, the priority family order should be spouse, adult children or guardians of minor children, parents and siblings.*Date: August 9, 2011 Time: 1710

☒ Contacted listed next of kin  
☐ Contacted a relative/friend from visiting list of correspondence  
☐ Contacted Sheriff's Office / Police Department (specify)  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Objection to Autopsy by N.O.K. YES \_\_\_\_\_ NO \_\_\_\_\_

3. *Person Contacted*

Name: REZA BEGG Relationship: NEPHEW  
 Address/City/St/Zip: 2116 LEEDS DR. PLANO, TEXAS 75025  
 Area Code & Telephone Number: 469-774-5727

4. *Burial Arrangements:*

- ☒ The family **will claim** the body. The family was instructed to call the **Carnes Funeral Home** at **409-986-9900 and 888-822-7637**.  
☐ The family **will not claim** the body. The family was instructed to send a fax to 936-437-8073 to the Huntsville Unit Warden with following message. "I am unable to claim the body of: \_\_\_\_\_ TDCJ# \_\_\_\_\_ I am requesting he/she be buried in the prison cemetery". Name, address, telephone number and relationship to the inmate should be included in the fax.  
☐ Unable to **contact** any family member. (detail efforts in IOC to unit warden). Send E-Mail and fax worksheet to the Huntsville Unit Warden. Burial recommended in the prison cemetery.
5. ☒ Send a copy of this worksheet to (1) the Director of Classification and Records by E-Mail to BST0772 or fax to 936/437-6227 and (2) by fax to the Carnes Funeral Home at 888-822-7637
6. ☒ Place a copy of the next of kin letter in the Offender Death Notification Packet.
7. ☒ Send a copy of this worksheet, IOC, E-Form, and the next of kin letter to the Director of Chaplains.
8. ☒ Keep a copy of all paperwork in your file and submit this original to the Offender Death Notification Packet.

Chaplain's Signature: Carlos Arcipreste Date: August 9, 2011

Revised 3-4-02





## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

P.O. Box 99, Huntsville, Texas 77342-0099

Brad Livingston  
Executive Director

August 9, 2011

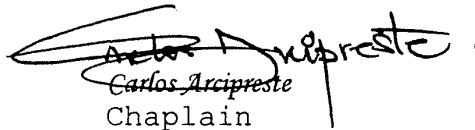
Raza Begg/ Medeia Togonidze  
2116 Leeds Dr.  
Plano , Texas 75025  
469-774-5727

Dear Raza Begg/ Medeia Togonidze

It is with the deepest sympathy I write this letter and I know I express the feelings of the administrative personnel at this institution. I experienced from each a sense of hurt and loss at your love one's death. I am sure that the same sense of hurt must be stronger among you who loved him in a special way and knew him better than our staff.

It is customary that the Carnes Funeral Home in Texas City, Texas will handle the body of any person who dies within the Texas Department of Criminal Justice unless the family makes other arrangements. You may claim or inquire about the body by contacting the Carnes Funeral Home at (855) 262-8325. They also offer burial services that I encourage you to attend if possible.

Sincerely,

  
Carlos Arcipreste  
Chaplain

CC: Warden Foxworth  
Director of Chaplaincy  
Director Records & Classification  
Inmate Records  
file

Chaplain Carlos Arcipreste  
CHAPLAIN

MICHAEL UNIT  
2664 FM 2054  
TENNESSEE COLONY, TX 75886  
(903) 928-2311



1-409-772-5109 AUTOPSY SERVICES

07:36:32 a.m. 08-12-2011

1 / 2

Patient Account: 20005972-517  
 Med. Rec. No.: (0150)1578039  
 Patient Name: **TOGONIDZE, ALEXANDER**  
 Age: 44 YRS DOB:12/02/66 Sex:M Race:C  
 Admitting Dr.: OUTSIDE TDCJ  
 Attending Dr.: OUTSIDE TDCJ  
 Date / Time Admitted: 08/09/11 - 1340  
 Copies to:

UTMB  
 University of Texas Medical Branch  
 Galveston, Texas 77555-0543  
 (409) 772-1238  
 Fax (409) 772-5683  
**Pathology Report**

### PROVISIONAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00167

#### AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS  
 Date/Time of Death: 8/8/2011 08:15 Date/Time of Autopsy: 8/10/2011  
 Pathologist/Resident: CAMPBELL/DIVATIA Service: TDC CONTRACT  
 Restriction: NONE

\*\*\*

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

\*\*\*

#### PROVISIONAL AUTOPSY DIAGNOSIS

- I. Clinical history of hypertension, hyperlipidemia, diabetes mellitus and hyperthermia (106 degrees Fahrenheit)
  - A. Organs in situ: Severe autolytic changes
  - B. Pulmonary system:
    1. Lungs, bilateral: Congestion (weights: right, 730 gm and left, 620 gm)
    2. No thromboemboli identified in major vessels

The deceased is a 44 year old Caucasian TDCJ inmate with a past medical history of diabetes mellitus, who was found unresponsive in his cell on 8-8-11 at approximately 07:50 a.m. Cardiopulmonary resuscitation was initiated. The vital signs at this time were temperature-106 degrees Fahrenheit, pulse-162/min respirations-40/ min and blood pressure 60/40 mmHg. An automatic external defibrillator was used which advised no shock and to continue resuscitation. Emergency medical services arrived and an electrocardiogram was performed and analyzed. It showed asystole, and resuscitation was subsequently stopped. The patient was declared dead on 8-8-11 at 8:15 a.m.. An autopsy was performed on 08-10-11 at 10:00 a.m. The cause of death in this patient is hyperthermia, and the manner of death is accidental.

Patient Name:

Patient Location:

Room/Bed:

Printed Date / Time:

TOGONIDZE, ALEXANDER  
 AUTOPSY

**\*\* The above diagnoses are based on gross findings and are subject to modification after microscopic study. This report should not be used for insurance or medicolegal purposes. Final report will follow.\*\***

MacGillivray/Togonidze424

~~1-409-772-5109~~ AUTOPSY SERVICES

07:36:49 a.m. 08-12-2011

2 / 2

Patient Account: 20005972-517  
Med. Rec. No.: (0150)1578039  
Patient Name: **TOGONIDZE, ALEXANDER**  
Age: 44 YRS DOB:12/02/66 Sex:M RaceC  
Admitting Dr.: OUTSIDE TDCJ  
Attending Dr.: OUTSIDE TDCJ  
Date / Time Admitted: 08/09/11 - 1340  
Copies: **GERALD A. CAMPBELL, M.D., PATHOLOGIST**  
08/11/11  
GC /da

UTMB  
**University of Texas Medical Branch**

Galveston, Texas 77555-0543  
(409) 772-1238  
Fax (409) 772-5683

**Pathology Report**

(Electronic Signature)

**\*\* The above diagnoses are based on gross findings and are subject to modification after microscopic study. This report should not be used for insurance or medicolegal purposes. Final report will follow. \*\***

Patient Name:  
Patient Location:  
Room/Bed:  
Print: **TOGONIDZE, ALEXANDER**  
**AUTOPSY**

Page:

08/12/11 - 0828

\*\*\*\*\*

MlaGolfsmMISGappidze426

**Correctional Managed Care  
Urgent / Emergent Care Record**

**Patient Name:** TOGONIDZE, ALEXANDER **TDCJ#:** 1578039 **Date:** 8/8/2011 07:50AM **Facility:** MICHAEL (MI)

**Most recent vitals from 7/13/2011:** BP: 119 / 76 (Sitting) ; Wt: 188 Lbs.; Height: 65 In.; Pulse: 72 (Sitting) ; Resp: 18 / min; Temp: 96.5 (Oral)

**Allergies:** NO KNOWN ALLERGIES

**Medications**

ECOTRIN EC 81MG, 1 TABS ORAL QD

TENORMIN 50MG, 1 TABS ORAL QD

BENZAC GEL 10%, 1 APPLICS TOPICALLY QD

*Special Instructions:* APPLY THIN LAYER SPARINGLY

TEGRETOL 200MG, 2 TABS ORAL QPM

VASOTEC 2.5MG, 1 TABS ORAL QD

PAMELOR 75MG, 1 CAPS ORAL QPM

PRILOSEC 20MG, 1 CAPS ORAL QPM

*Special Instructions:* \*\*\*\*GERD\*\*\*\*

PRAVACHOL 40MG, 2 TABS ORAL QPM

GLUCOPHAGE 1000MG, 1 TABS ORAL BID

**Patient Language:** ENGLISH **Name of interpreter, if required:**

MODE OF ARRIVAL:		CONDITION ON ARRIVAL:	
<b>Date:</b>	<b>Time:</b>	<input type="checkbox"/> Stable	
<input type="checkbox"/> Ambulatory		<input type="checkbox"/> Guarded	
<input type="checkbox"/> W/C		<input type="checkbox"/> Serious	
<input checked="" type="checkbox"/> Stretcher		<input checked="" type="checkbox"/> Critical	
<input type="checkbox"/> Carried			
<b>CHIEF COMPLAINT/LOCATION/ONSET:</b>			
<b>SIGNIFICANT MEDICAL HISTORY:</b>			

Quantitative Pain Scale: Place an "X" below											
<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9	10
Qualitative Description of Pain											
Location:						Onset:					
Duration:						N/A					
Aggravating Factors:											
Alleviating Factors:											
Pain Character:		Dull	Sharp	Throbbing	Other:						
Frequency:		Constant	Intermittent	Other:							
Radiating:		No	Yes	Location:							

HSM-16

1 of 6

X



#

McGuffin/Togonidze427

**Correctional Managed Care  
Urgent / Emergent Care Record**

**Patient Name:** TOGONIDZE, ALEXANDER **TDCJ#:** 1578039 **Date:** 8/8/2011 07:50AM **Facility:** MICHAEL (MI)

GLASGOW COMA SCALE					
Eye Opening		Best Verbal Response		Best Motor Response	
Spontaneous = 4		Oriented = 5		Obeys Command = 6	
To voice = 3		Confused = 4		Localizes pain = 5	
To pain = 2		Inappropriate words = 3		Withdraws to pain = 4	
None = 1		Incomprehensible sounds = 2		Flexion to pain = 3	
		None = 1		Extension to pain = 2	
				None = 1	

Time	Initials	Eye Opening	Motor Response	Verbal Response	Total Score
0750	TA	1	1	1	3

NURSING ASSESSMENT	CARDIAC <input type="checkbox"/> NA	PULMONARY <input type="checkbox"/> N/A	GI <input checked="" type="checkbox"/> N/A	SKIN <input type="checkbox"/> N/A	NEURO <input type="checkbox"/> N/A
	<b>Apical Pulse</b> <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Irregular <input type="checkbox"/> JVD	<b>Respirations</b> <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Shallow <input type="checkbox"/> Labored <input checked="" type="checkbox"/> Nasal Flaring <input type="checkbox"/> Grunting <input type="checkbox"/> Retractions <input type="checkbox"/> Hyperventilating <input checked="" type="checkbox"/> Use of accessory muscles	<input type="checkbox"/> Denies Problems <input type="checkbox"/> Nausea <input checked="" type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Rectal Bleeding <input type="checkbox"/> Constipation <input checked="" type="checkbox"/> Incontinent Last BM <u>8/8/2011</u> Date	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Hot <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundiced <input type="checkbox"/> Flushed <input type="checkbox"/> Intact	<input type="checkbox"/> Alert <input type="checkbox"/> Oriented X ____ <input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input checked="" type="checkbox"/> Unresponsive
	<b>Peripheral Pulses</b> Upper <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L Lower <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L				<b>Arm Strength</b> <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Normal <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> Weak <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Flaccid
	<b>Bleeding</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Controlled <input type="checkbox"/> Excessive Location: _____	<b>Lungs</b> <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Clear <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Crackles <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> Wheezes <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Diminished <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Absent	<b>Abdomen</b> <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Tender _____ <input type="checkbox"/> Rebound		<b>Leg Strength</b> <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Normal <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> Weak <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Flaccid
	Est. Blood Loss <u>N/A</u> cc	<b>GU</b> <input checked="" type="checkbox"/> N/A	<b>Bowel Sounds</b> <input checked="" type="checkbox"/> Normoactive <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Absent <input type="checkbox"/> NG/G tube	<b>Ortho</b> <input checked="" type="checkbox"/> N/A	<b>Pupils</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> Non-reactive <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Dilated <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Constricted <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> Fixed
	<b>Capillary Refill</b> <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Delayed	<input type="checkbox"/> Burning <input type="checkbox"/> Frequency <input type="checkbox"/> Urine Odor <input type="checkbox"/> Hematuria <input type="checkbox"/> Incontinent <input type="checkbox"/> Anuric		<b>ROM</b> <input type="checkbox"/> Full <input checked="" type="checkbox"/> Limited <input type="checkbox"/> Absent	

HSM-16

2 of 6


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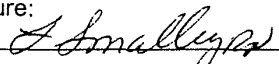
#

**Correctional Managed Care  
Urgent / Emergent Care Record**

**Patient Name:** TOGONIDZE, ALEXANDER TDCJ#: 1578039 **Date:** 8/8/2011 07:50AM **Facility:** MICHAEL (MI)

Edema Upper R L 0 1+ 2+ 3+ Lower R L 0 1+ 2+ 3+	<input type="checkbox"/> Vag. Discharge <input type="checkbox"/> Vag. Bleeding <input type="checkbox"/> Catheter	Signature 	Time 0800
	Initial Assessment Completed		

**\*\*Contact Provider\*\***

Name of Provider Notified:	G. Wright DO	Time:
Provider Orders:	AED CPR ICE pack x 6	
Orders read back and verified:	Signature: 	

**Details of abnormal findings and ongoing assessment and care.**

HSM-16

X



#

3 of 6



**Correctional Managed Care  
Urgent / Emergent Care Record**

**Patient Name:** TOGONIDZE, ALEXANDER **TDCJ#:** 1578039 **Date:** 8/8/2011 07:50AM **Facility:** MICHAEL (MI)

Time	Nursing Notes	Initials
0750	Summoned to 4 Bld for unresponsive) U	
0750	<del>Offen arr.</del> AED placed on Resp + pulse present. AED transported To Medical ER via Backboard, V/S	
0755	Obtained B/P 60/40 - pulse 162 - Temp 106.4, Resp 40 - HR 140 AED applied, O2 @ 10L & non-rebreather connected - Masco Come scale 3, attempted to start I.V. x 2 sticks unsuccessful;	
0758	Patient propped at mouth, suction, as needed, no response CPR started @ 0800, AED started cont CPR; O2 connected to Ambu bag;	
0800	911 called, utilization Review notified @ Paul you #	
0805	CPR continued Dr Wright @ bedside.	
0810	CPR continued - EKG obtained, interpretation "less than 4 ARS complex detected, no interpretation possible" -	
0814	Patient pronounced Dead @ 0814 by Dr. G. Wright Dr Cardiac Arrest, Respiratory Arrest, Hyperkalemia - Dr Wright	

HSM-16

X



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4 of 6

**Correctional Managed Care  
Urgent / Emergent Care Record**

**Patient Name:** TOGONIDZE, ALEXANDER **TDCJ#:** 1578039 **Date:** 8/8/2011 07:50AM **Facility:** MICHAEL (MI)

VITAL SIGNS								
Time	Temp	BP	Pulse	Resp	PaO2	FS/BS	FHT	Initials
0755	106+	60/40	162	40	84%	238	N/A	JRN

PEAK FLOW				
Time	Peak Flow #1	Peak Flow #2	Peak Flow #3	Peak Flow Personal Best
		N/A		

\* Continue hourly peak flow measurements for patients with respiratory distress for the duration of the clinic visit.

MEDICATIONS								
Time	Medication	Dose	Route	Site	Initials	Outcome Eval	Time	Initials
	Unable to Start IV							

I. V. THERAPY							Intake	Output
Site #	Location	Gauge	IVF	Rate	Time	Initials	PO	Urine
	Unable to Start IV						IV	Emesis
							NG	NG
							Other:	Other:

- ❖ Do not release a patient from the clinic without a provider's order if the patient's PaO2 is less than 90% or peak flow is less than 80% of personal best. Normal adult peak flow without existing disease is 300-500.

DISPOSITION OF PATIENT				CONDITION ON DISCHARGE	
<input type="checkbox"/>	Cell			Date: 08/14	Time: 0814
<input type="checkbox"/>	TDCJ Infirmary - Facility:			<input type="checkbox"/> Improved	
<input checked="" type="checkbox"/>	Local ER			<input type="checkbox"/> Stable	
<input type="checkbox"/>	Hospital Galveston			<input type="checkbox"/> Unstable	
<input type="checkbox"/>	Other:			<input checked="" type="checkbox"/> Deceased	Pronounced by Dr Wright
MODE OF TRANSFER: 911				UTILIZATION REVIEW NOTIFIED:	

HSM-16

X



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5 of 6



**Correctional Managed Care  
Urgent / Emergent Care Record**

**Patient Name:** TOGONIDZE, ALEXANDER **TDCJ#:** 1578039 **Date:** 8/8/2011 07:50AM **Facility:** MICHAEL (MI)

<input type="checkbox"/>	Van	Date: 08-08-2011	Time: 0814
<input type="checkbox"/>	Local EMS	<input checked="" type="checkbox"/>	N/A Decoded
<input checked="" type="checkbox"/>	911 Transfer	<input type="checkbox"/>	Yes
<input type="checkbox"/>	UTMB EMS	<input type="checkbox"/>	No
<input type="checkbox"/>	Other:	PRE-CERTIFICATION #: 778239	
PECC Contact Name (UTMB ONLY): NA		UR CONTACT: kul	
Time Contacted:			

<SIGNATURE AND INITIALS OF ALL NURSING STAFF ADMINISTERING TREATMENT>

<i>Schally RN</i>	<i>SH</i>
<i>J. Hernandez RN</i>	<i>JH</i>
<i>[Signature]</i>	<i>[Signature]</i>
<i>[Signature] RN</i>	<i>AA</i>
<i>[Signature]</i>	<i>LC</i>
<i>R. Fritter RN</i>	<i>RF</i>
<i>[Signature]</i>	<i>gfr</i>

HSM-16

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6 of 6

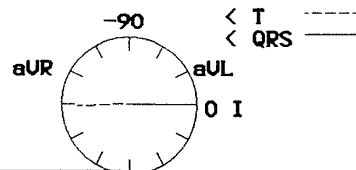
GEMS IT MAC1200 ALEXANDER TOGONIDZE 0097387,  
Male, 44 Years (12/02/1966), Caucasian, 70 in, 180.0 lbs

TDCJ MICHAEL  
60/40 mmHg

HR 68bpm

# Measurement Results:

QRS 28 ms  
QT/QTcB 612 / 650 ms  
PR ms  
P ms  
RR/PP 876 / 880 ms  
P/QRS/T / 0 / 177 degrees



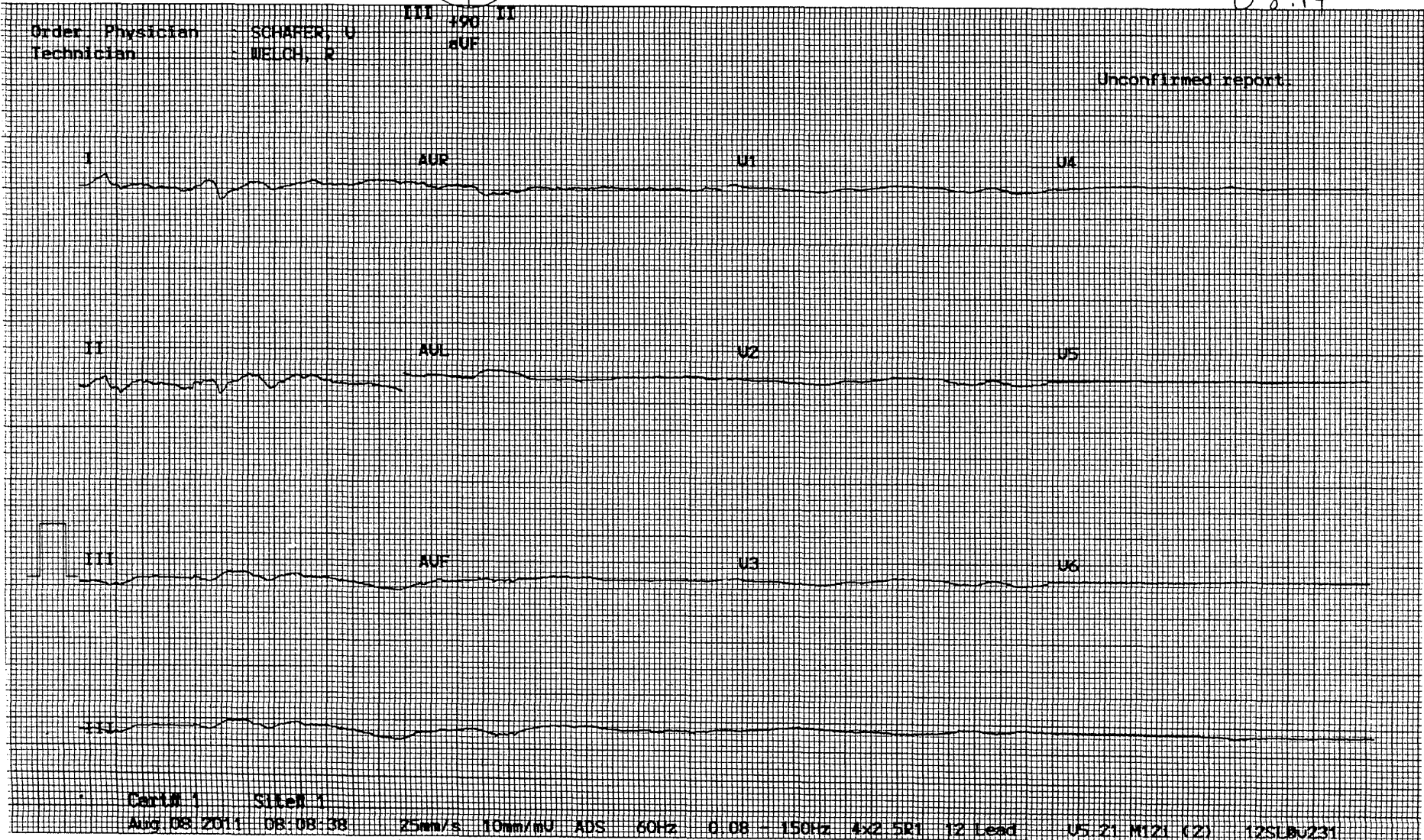
# Interpretation:

\*\* Less than 4 QRS complexes detected, no interpretation possible  
\*\*

pronounced 8/8/2011  
08:14

Order Physician: SCHAFER, U  
Technician: WELCH, R

Unconfirmed report.



Card 1 Site 1

Aug 08 2011 08:08:38

25mm/s 10mm/mV

ADS

60Hz

0.08

150Hz

4x2 5R1

12 Lead

U5 21

M121 (2)

12SL00231

**TOGONIDZE, ALEXANDER**  
**Medications 08/08/2011 07:48**

**ALLERGIES**

Allergy	Reaction:	Severity:
Comment		
Reaction	Status	Deletion Reason
Deleted Date		
NO KNOWN ALLERGIES		
N/A		

**&Active MEDICATIONS**

BENZAC GEL 10% APPLICS 1 APPLICS TOPICALLY QD 01/11/2011 03:45 #90  
*Special Instructions:* APPLY THIN LAYER SPARINGLY  
 ECOTRIN EC 81MG TABS 1 TABS ORAL QD 01/11/2011 03:44 #30  
 GLUCOPHAGE 1000MG TABS 1 TABS ORAL BID 01/11/2011 03:41 #60  
 PAMELOR 75MG CAPS 1 CAPS ORAL QPM 01/11/2011 03:44 #30  
 PRAVACHOL 40MG TABS 2 TABS ORAL QPM 01/11/2011 03:43 #60  
 PRILOSEC 20MG CAPS 1 CAPS ORAL QPM 12/31/2010 08:15 #30  
*Special Instructions:* \*\*\*\*GERD\*\*\*\*  
 TEGRETOL 200MG TABS 2 TABS ORAL QPM 01/11/2011 03:46 #60  
 TENORMIN 50MG TABS 1 TABS ORAL QD 01/11/2011 03:42 #30  
 VASOTEC 2.5MG TABS 1 TABS ORAL QD 01/11/2011 03:45 #30

1578039

8:53  
 Paul  
 #778239

## PEARL CLINICAL PATIENT SUMMARY

MICHAEL (MI) TENN. COLONY, TX  
Monday, August 08, 2011 07:55 AM

Name: TOGONIDZE, ALEXANDER  
P.O. BOX 4500  
TENNESSEE COLONY, TX 75886

Phone: Work:  
MRN: 1578039 SSN:  
DOB: 12/02/1966 Sex: MALE  
Age: 44 Years Race: WHITE

Next of Kin:  
Living will: No  
Language: ENGLISH

Begin/End Range: 05/31/2011 to 07/13/2011  
No. of Admissions: 5  
First Admission Date: 05/31/2011  
Last Admission Date: 07/13/2011  
Date of Death:

Other Providers: ABRAHAM, JOHNS V  
BETTS, NANCY L  
BOLING, ROSE L  
BUSSEY, CHARLOTTE A  
CRISS, ROBERT E  
DAVENPORT, NANCY C  
EGAN, CHERYL K  
FARRAR, SANDRA  
FRANCO, ELIZABETH A  
HAMMOND, JACQUELINE S  
HAYNES, AMANDA R  
HYATT, KRISTINE M  
JOHNSON, DAVID S  
JUNG, PAUL  
KANNENBERG, KIM  
LASTRAPES, MICHELLE  
MARTINEZ, TAMMY M  
MCCARTNEY, AMANDA P  
MCCOMAS, PEGGY J  
MILLER, SANDRA L

MISSING KEY PATIENT INFORMATION

\*\*\*\*\* WARNING \*\*\*\*\* PATIENT HAS NO SSN.

CURRENT MEDICATIONS

Start Date Time	Auto Stop Date Time	Drug	Dose	Last Date Time	Ordered ERemarks
8/11/2011 03:44	NONE	ASPIRIN EC 81MG TABLET	1 TABS ORA QD	N/A	WRIGHT, GARY G
8/11/2011 03:42	NONE	ATENOLOL 50MG TABLET	1 TABS ORA QD	N/A	WRIGHT, GARY G
8/11/2011 03:45	NONE	BENZOYL PEROXIDE 10% GEL 1.5OZ	1 APPLICS TOP QD	N/A	WRIGHT, GARY G
Special Instruction: APPLY THIN LAYER SPARINGLY					
8/11/2011 03:46	NONE	CARBAMAZEPINE 200MG TABLET	2 TABS ORA QPM	N/A	WRIGHT, GARY G
8/11/2011 03:45	NONE	ENALAPRIL MALEATE 2.5MG TABLET	1 TABS ORA QD	N/A	WRIGHT, GARY G



## PEARL CLINICAL PATIENT SUMMARY

MICHAEL (MI) TENN. COLONY, TX  
Monday, August 08, 2011 07:55 AM

01/11/2011 03:44	NONE	NORTRIPTYLINE HCL 75MG CAPSULE	1	CAPS	ORA QPM	N/A	WRIGHT, GARY G
12/31/2010 08:15 Special Instruction: *****GERD*****	NONE	OMEPRazole 20MG CAPSULE	1	CAPS	ORA QPM	N/A	WALLACE, REGINALD A
01/11/2011 03:43	NONE	PRAVASTATIN 40MG TABLET	2	TABS	ORA QPM	N/A	WRIGHT, GARY G
01/11/2011 03:41	NONE	metFORMIN HCL 1000MG TABLET	1	TABS	ORA BID	N/A	WRIGHT, GARY G

INACTIVE MEDICATIONS

Start Date Time	Stop Date Time	Drug	Dose	Stop Reason	Remarks
07/08/2011 12:23	08/07/2011 12:23	PHENYLEPHRINE 10MG TABLET	1TID TABS ORA	AUTOMATIC EXPIRATION	

ALLERGIES

First Observed	Allergen	Reaction	Severity
7/07/2009	NO KNOWN ALLERGIES Comment: N/A		N/A

CARS

MENTAL CARS 1	First Observed: 07/07/2009 09:17	ICD9: DC1	Diag Group: PRIMARY	Status: Active
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MEDICAL CARS 3	First Observed: 01/11/2011 11:23	ICD9: MC3	Diag Group: PRIMARY	Status: Active
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MENTAL HEALTH CARS 2	First Observed: 07/06/2009 13:05	ICD9: MHC2	Diag Group: PRIMARY	Status: Active
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CHRONIC CARE

DIABETES, TYPE II (ADULT). NON-INSULIN DEPENDENT (NIDDM)	First Observed: 07/14/2011 03:38	ICD9: 250.0	Diag Group: PRIMARY	Status: Active
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HYPERTENSION (HTN)	First Observed: 07/01/2010 12:16	ICD9: 401.1	Diag Group: PRIMARY	Status: Active
--------------------	----------------------------------	-------------	---------------------	----------------

CID

VERY HIGH RISK SCREENING COMPLETED	First Observed: 07/06/2009 08:14	ICD9: V77.99	Diag Group: PRIMARY	Status: Active
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CLASS 0 (NO EXPOSURE PULM. TUBERCULOSIS)	First Observed: 07/06/2009 08:14	ICD9: 011.	Diag Group: PRIMARY	Status: Active
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MENTAL HEALTH

PRESSIVE DISORDER NOS

## PEARL CLINICAL PATIENT SUMMARY

MICHAEL (MI) TENN. COLONY, TX  
Monday, August 08, 2011 07:55 AM

	<i>First Observed: 07/27/2009 15:46</i>	<i>ICD9: 311</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Active</i>
<b>SITUATIONAL PROBLEMS</b>				
	<i>First Observed: 08/10/2009 11:16</i>	<i>ICD9: MHSIT</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Active</i>
<b>AGE</b>				
	<i>First Observed: 07/07/2009 07:15</i>	<i>ICD9: 797.</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Active</i>
<b>ALLERGIES</b>				
	<i>First Observed: 04/27/2011 10:47</i>	<i>ICD9: 477.9</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Active</i>
<b>HYPERLIPIDEMIA</b>				
	<i>First Observed: 07/01/2010 12:16</i>	<i>ICD9: 272.4</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Active</i>
<b>MENTAL HEALTH CARS 2</b>				
	<i>First Observed: 11/24/2010 14:40</i>	<i>ICD9: MHC2</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Active</i>
<b>OBSERVATION- COND NOT FOUND</b>				
	<i>First Observed: 01/06/2011 12:58</i>	<i>ICD9: V71</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Active</i>
<b>PHYSICAL EXAMINATION</b>				
	<i>First Observed: 07/06/2009 06:02</i>	<i>ICD9: V70.7</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Active</i>
<b>VARICELLA, POSSIBLY SUSCEPTIBLE</b>				
	<i>First Observed: 07/06/2009 08:14</i>	<i>ICD9: 052.90</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Inactive</i>
<b>MENTAL STATUS EXAM</b>				
	<i>First Observed: 07/27/2009 15:46</i>	<i>ICD9: MHSE</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Inactive</i>
<b>CID ASSESSMENT</b>				
	<i>First Observed: 07/23/2009 14:14</i>	<i>ICD9: CID ASMT</i>	<i>Diag Group: PRIMARY</i>	<i>Status: Inactive</i>

PROBLEM LISTCIDMENTAL HEALTHPROBLEM LIST

07/23/2009 14:18 UNKNOWN, UNKNOWN

CID ASSESSMENT:

Doi / Newly Assigned Chart Note:

Tb Class 0: Current

Tetanus Toxoid: Date Of Last Injection: Date Next Injection Due:

Varicella History: Susceptible

Physical Exam Offered:

Over 40 Years Of Age: Order Stool For Occult Blood

Rpr: Non-Reactive

Hiv: Negative

Hepatitis B Vaccine/History:

Hbsab-Negative (Date): : Continue Vaccination Series

## PEARL CLINICAL PATIENT SUMMARY

MICHAEL (MI) TENN. COLONY, TX  
Monday, August 08, 2011 07:55 AM

VITAL SIGNS

Taken Date Time	Blood Pressure			Pulse			Resp	Weight	Temp
	Supine	Sitting	Standing	Supine	Sitting	Standing			
07/13/2011 23:48		119 / 76			72		18	188 LB	96.5 - PO
07/08/2011 11:33		126 / 68			84		16	187 LB	98.2 - PO
07/06/2011 11:48		131 / 74			90		18	187 LB	96.8 - PO
06/20/2011 09:57		140 / 73			83		17	185 LB	97.2 - PO
05/31/2011 12:34		134 / 73			79		18	195 LB	98.6 - PO
04/27/2011 10:23		138 / 85			80		18	196 LB	98.8 - PO

REMINDERS

<u>Date</u>	<u>Time</u>	<u>Past Due Reminders for Current Facility: MICHAEL (MI)</u>
7-26-2011	09:14 AM	For: - CID Reminder: PNEUMONIA VACCINE Comments: PNEUMONIA VACCINE REQUEST/ORDER (07/26/2011 09:14; Order 32938296-001)
1-02-2011	01:50 PM	For: WILLIAM HARDY - MENTAL HEALTH Reminder: DMS-MENTAL HEALTH Comments: LAST SEEN ON 07/19/2010- JUNG

Correctional Managed Care  
INDIVIDUAL TREATMENT PLAN  
DIABETES

Patient Name: **TOGONIDZE, ALEXANDER** TDCJ#: **1578039** Date: **07/14/2011 03:30** Facility: **MICHAEL (MI)**

Age: **44 year** Race: **W** Sex: **male**

Most recent vitals from 7/13/2011: **BP: 119 / 76 (Sitting) ; Wt: 188 Lbs.; Height: 65 In.; Pulse: 72 (Sitting) ; Resp: 18 / min; Temp: 96.5 (Oral)**

Prior Vitals: **126 / 68 (Sitting) ; Prior Weight: 187 Lbs.**

Allergies: **NO KNOWN ALLERGIES**

Patient Language: <b>ENGLISH</b> Name of interpreter, if required:
--

**CURRENT MEDICATION:**

**ECOTRIN EC 81MG, 1 TABS ORAL QD**

**TENORMIN 50MG, 1 TABS ORAL QD**

**BENZAC GEL 10%, 1 APPLICS TOPICALLY QD**

*Special Instructions:* **APPLY THIN LAYER SPARINGLY**

**TEGRETOL 200MG, 2 TABS ORAL QPM**

**VASOTEC 2.5MG, 1 TABS ORAL QD**

**CLARITIN 10MG, 1 TABS ORAL QPM**

**PAMELOR 75MG, 1 CAPS ORAL QPM**

**PRILOSEC 20MG, 1 CAPS ORAL QPM**

*Special Instructions:* **\*\*\*\*GERD\*\*\*\***

**SUDAFED PE 10MG, 1 TABS ORAL TID**

**PRAVACHOL 40MG, 2 TABS ORAL QPM**

**KENALOG 0.1% CREAM 15GM 0.1%, 1 APPLICS TOPICALLY QPM**

*Special Instructions:* **APPLY THIN LAYER SPARINGLY**

**GLUCOPHAGE 1000MG, 1 TABS ORAL BID**

**COMPLIANCE:**

**Medication: 100\_\_%**

**SUBJECTIVE:** Patient doing well without complaint. Compliant with medication and diet. No episodes of hypoglycemia noted per patient. Notes no other problems.

**OBJECTIVE:** Heart regular rate and rhythm. No murmur  
Lungs clear without wheezes or crackles  
Fundus visible without obvious pathology  
Pulses 4+ in all extremities  
Feet without evidence of infection or pathology  
Neuro is intact without focal deficit

EMISTRY	07/07/2011	03/16/2011	01/22/2011	01/21/2011
BA1C	05:54 6.7 [H]	08:05 8.3 [H]	13:45 7.9 [H]	14:45
HGBA1C	6.7 [H]	8.3 [H]	7.9 [H]	
CHOL				
HDL				
HDL CHOL RATIO				
LDL				
TRIGLYCERIDE				
VLDL				
ANION GAP				
FINGERSTICK GLUCOSE	01/17/2011 05:29	01/10/2011 15:00	01/10/2011 03:00	
FINGERSTICK	145 [H]	N/S [H]	N/S [H]	
POINT OF CARE TESTS	07/20/2010 12:59			
HEMOCCULT	ROT [A]			



Correctional Managed Care  
INDIVIDUAL TREATMENT PLAN  
DIABETES

Patient Name: **TOGONIDZE, ALEXANDER (MI)** TDCJ#: **1578039** Date: **07/14/2011 03:30** Facility: **MICHAEL**

RIA	12/03/2010	
	23:53	
PSA	1.91	
TB SKIN TEST	07/21/2010	07/19/2010
	09:35	12:58
PPD READING	0	
DOSE		0.1
LOT #		90493
MFG		JHP
ROUTE		ID
SITE		LF

**ASSESSMENT:** NIDDM

**PLAN:**

- I. Schedule CCC to coincide with Hypertension, Hyperlipidemia clinic on 1.1.12
- II. Continue current DFH
- III. CCC Diabetic education provided on medication compliance and diet.
- IV. Follow-up routine for chronic clinic
- V. Diet Counseling performed: Yes
- VI. Labs ordered for 12/15/11 current

Is CARS current? Yes

Procedures Ordered:

CHRONIC CARE-BRIEF OFFICE VISIT: diabetes, type ii (adult), non-insulin dependent (niddm)

Electronically Signed by WRIGHT, MELVIN NP on 07/14/2011.  
Electronically Signed by JEFFERIES, KIRSTY L. CCA on 07/14/2011.  
Electronically Signed by SNELSON, EDNA D. CCA on 07/20/2011.  
Electronically Signed by DINGAS, NORINA CCA on 07/20/2011.  
##And No Others##

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Scanned by JONES, LITA M. AA in facility MICHAEL (MI) on 07/22/2011 06:00  
SUBJECT: State orally the problem on which you desire assistance

I need some medicine for my rash  
it's itchin very bad and I have hard  
time sleep at night.

Thank You.

Name Alex Tagonidze No 1578039 Unit ml  
Living Quarters 40-33B Work Assignment med sq

DISPOSITION: (Inmate will not write in this space)

W apt  
Scheduled  
for above  
L. Mally

RECEIVED 1200

JUL 19 2011

MI-MEDICAL

☆1-60 (Rev. 11-90)

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Scanned by JONES, LITA M, AA in facility MICHAEL (MI) on 07/22/2011 06:46  
SUBJECT: State briefly the problem on which you desire assistance

Can you please tell me when my shaving  
pen setting expired

Thank you

Name Alex Togonidze No 1578039 Unit MD  
Living Quarters 40-33 B Work Assignment med sa

DISPOSITION: (Inmate will not write in this space)

6-30-2011 - Dr. Malley

RECEIVED 1200  
JUL 19 2011  
MI-MEDICAL

☆1-60 (Rev 11-90)

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Scanned by JONES, LITA M. AA in facility MICHAEL (MI) on 07/22/2011 06:46  
SUBJECT State briefly the problem on which you desire assistance

Can you please tell me when my shaving  
pass getting expired.

Thank you.

Name Alex Togonidze No 1578039 Unit MI  
Living Quarters 4D-33 B Work Assignment Student

DISPOSITION (Inmate will not write in this space)

pass expires  
6 30 11  
L. Jones

RECEIVED 1200  
JUL 19 2011  
MI-MEDICAL

☆1-60 (Rev 11-90)

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Scanned by DUNCAN, NICOLE S. CCA in facility MICHAEL (MI) on 08/05/2011 14:46

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION  
HEALTH SERVICES

REFUSAL OF TREATMENT OR SERVICES

Pogonidze TDCJ-ID Number 1578039 decline the following services and treatments at the  
s Department of Criminal Justice - Institutional Division  
Hemoccult

I understand the above documented treatment being refused is for the following condition(s).  
Colon Cancer screening

I understand that potential outcome(s) for refusing the treatment for the above documented condition(s)  
includes but is not limited to the following:  
Worsening of medical condition, possible death

I do not wish to have this above stated treatment or services. I assume full responsibility for any and all  
consequences or personal inconvenience that may arise from refusal of services

I understand that I may still request these or similar services in the future

Signature of Inmate/TDCJ-ID #

7/29/11  
Date

Signature of Witness (if offender unable or unwilling to sign)

Date

Reason unable to sign

Verify that the above named individual is alert and appears to understand the above listed  
information

Signature and Title of Medical Personnel Obtaining Refusal

07.29.11  
Date

Verify that the above named individual is alert and oriented and has demonstrated  
understanding of the above stated condition, treatment, and potential consequences

112 (10/1/11)

**Correctional Managed Care  
CID ABSTRACT OF IMMUNIZATION (HSM-2)**

Patient Name: TOGONIDZE, ALEXANDER TDCJ#: 1578039 Date: 07/31/2011 13:16 Facility: MICHAEL (MI)  
**Age:** 44 year **Race:** W **Sex:** male  
**Most recent vitals from 7/13/2011:** BP: 119 / 76 (Sitting) ; Wt: 188 Lbs.; Height: 65 In.; Pulse: 72 (Sitting) ; Resp: 18 min; Temp: 96.5 (Oral)  
**Allergies:** NO KNOWN ALLERGIES

<b>Patient Language:</b> ENGLISH <b>Name of interpreter, if required:</b>
---

**Current Medications:**

ECOTRIN EC 81MG, 1 TABS ORAL QD

TENORMIN 50MG, 1 TABS ORAL QD

BENZAC GEL 10%, 1 APPLICS TOPICALLY QD

*Special Instructions:* APPLY THIN LAYER SPARINGLY

TEGRETOL 200MG, 2 TABS ORAL QPM

VASOTEC 2.5MG, 1 TABS ORAL QD

PAMELOR 75MG, 1 CAPS ORAL QPM

PRILOSEC 20MG, 1 CAPS ORAL QPM

*Special Instructions:* \*\*\*\*GERD\*\*\*\*

SUDAFED PE 10MG, 1 TABS ORAL TID

PRAVACHOL 40MG, 2 TABS ORAL QPM

GLUCOPHAGE 1000MG, 1 TABS ORAL BID

LATE ENTRY FOR 7/29/11 0900

CID ASSESSMENT

**Immunizations**

**PPD Skin Test**

Manufacturer: JHP

Lot#: 148614

Dose: 0.1 ML

Route: ID

Site: LFA

HSM-2 (rev. 2009)

Electronically Signed by FORTNER, LORI A. L.V.N. on 07/31/2011.  
##And No Others##

MICHAEL (MI)  
MEDICAL  
,

LABORATORY DIRECTOR

TB SKIN TEST

MRN : 1578039 Accession:33041099 Age :44 Years  
Patient Name: TOGONIDZE, ALEXANDER Sex :Male  
Home Phone : Work :( ) -  
Admitting MD: MELVIN WRIGHT NP Phone:  
Attending MD: MELVIN WRIGHT NP Phone:  
Referring MD: Phone:  
Ordering MD : Phone:

Tech : LORI A FORTNER L.V.N. Verifier:LORI A FORTNER L.V.N.  
Collection Time: 08/01/2011 08:00  
Result Time : 08/03/2011 08:00  
Report Time : 08/03/2011 08:00  
Comment:

Test	Result	Abn	Normal Range	Units
MFG			-	
LOT #			-	
DOSE			-	
SITE			-	
ROUTE			-	
PPD READ	0		-	
REFUS SIGN			-	

This document has been sent for signature, but has not yet been reviewed



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Scanned by SNELSON, EDNA D. CCA in facility MICHAEL (MI) on 08/03/2011 15:26

~~Dear~~ I run out of my medicine for  
 meat rash, I still have rash and I need  
 some more medicine, so can you mail me  
 apartment with doctor, please don't send me to  
 see a TV doctor because my Cook of English I  
 have hard time to communicate, I need to see  
 doctor in a person.  
 Thank You.

Name Alex Tozonidze No 1578039 Unit M6  
 Living Quarters 4D-33B Work Assignment Kudak

DISPOSITION: (Inmate will not write in this space)

*J. Smalley*  
 Nursing S/C  
 Scheduled

RECEIVED 1200

AUG 03 2011  
 MI-MEDICAL

☆1-60 (Rev 11-90)

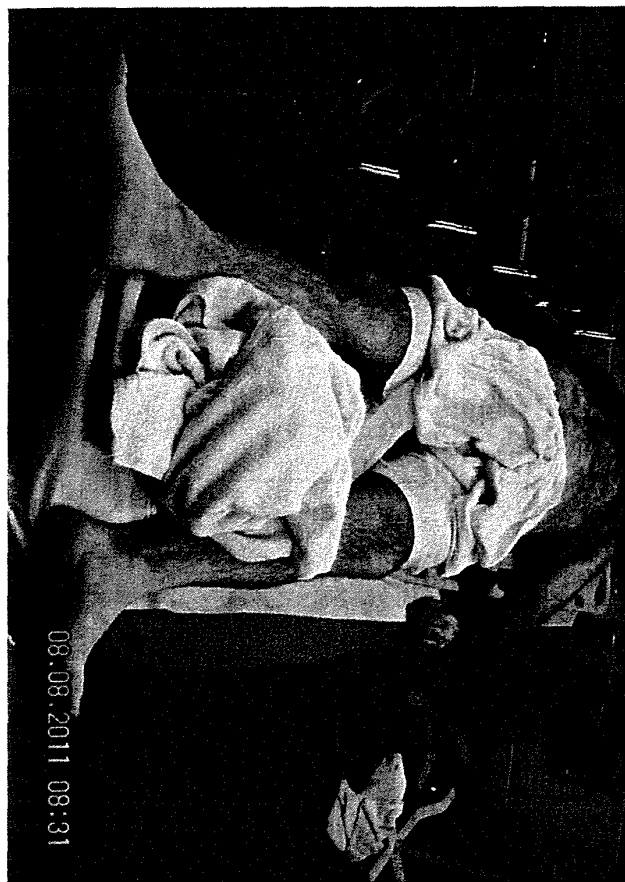
## Problems for ALEXANDER TOGONIDZE

Pearl

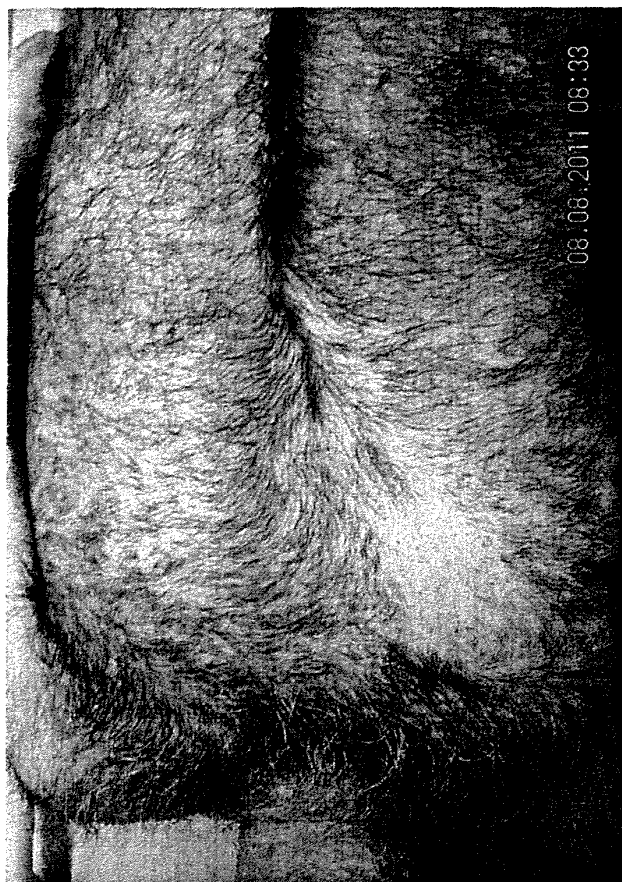
?	Problem Description	Category / Subcategory	Group	ICD-9	First Observed	Status	Problem ID
	HYPERTENSION (HTN)	CHRONIC CARE \	PRIMARY	401.1	07/01/2010 12:16	ACTIVE	131648702
	HYPERLIPIDEMIA	\	PRIMARY	272.4	07/01/2010 12:16	ACTIVE	131648734
	DEPRESSIVE DISORDER NOS	MENTAL HEALTH \	PRIMARY	311	07/27/2009 15:46	ACTIVE	132360700
	MENTAL HEALTH CARS 2	\	PRIMARY	MHC2	11/24/2010 14:40	ACTIVE	137016034
	OBSERVATION- COND NOT FOUND	\	PRIMARY	V71	01/06/2011 12:58	ACTIVE	138589823
	MEDICAL CARS 3	CARS \	PRIMARY	MC3	01/11/2011 11:23	ACTIVE	138771051
	CID ASSESSMENT	\	PRIMARY	CID ASMT	07/23/2009 14:14	INACTIVE	118609685
	SITUATIONAL PROBLEMS	MENTAL HEALTH \	PRIMARY	MHSIT	08/10/2009 11:16	ACTIVE	119338202
	MENTAL STATUS EXAM	MENTAL HEALTH \	PRIMARY	MHSE	07/27/2009 15:46	INACTIVE	119390093
	HIV HIGH RISK SCREENING COMPLETED	CID \	PRIMARY	V77.99	07/06/2009 08:14	ACTIVE	117780753
	TB CLASS 0 (NO EXPOSURE PULM. TUBERCULOSIS)	CID \	PRIMARY	011.	07/06/2009 08:14	ACTIVE	117780755
	VARICELLA, POSSIBLY SUSCEPTIBLE	CID \	PRIMARY	052.90	07/06/2009 08:14	INACTIVE	117780757
	AGE	\	PRIMARY	797.	07/07/2009 07:15	ACTIVE	117832748
	PHYSICAL EXAMINATION	\	PRIMARY	V70.7	07/06/2009 06:02	ACTIVE	117777086
	DENTAL CARS 1	CARS \	PRIMARY	DC1	07/07/2009 09:17	ACTIVE	117841312
	ALLERGIES	\	PRIMARY	477.9	04/27/2011 10:47	ACTIVE	142783268
	DIABETES, TYPE II (ADULT), NON-INSULIN DEPENDENT	CHRONIC CARE \	PRIMARY	250.0	07/14/2011 03:38	ACTIVE	145683564

McCollum/ Togonidze-48

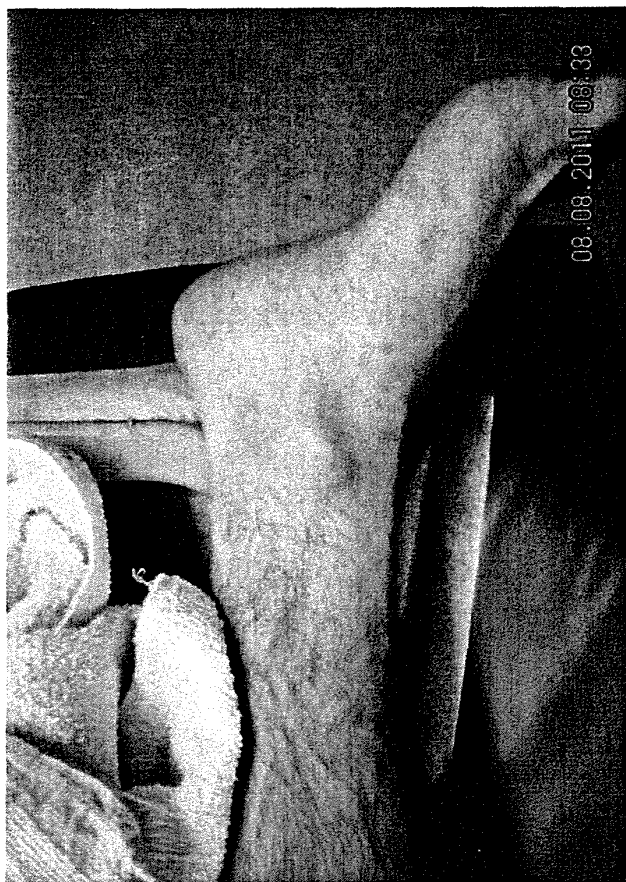
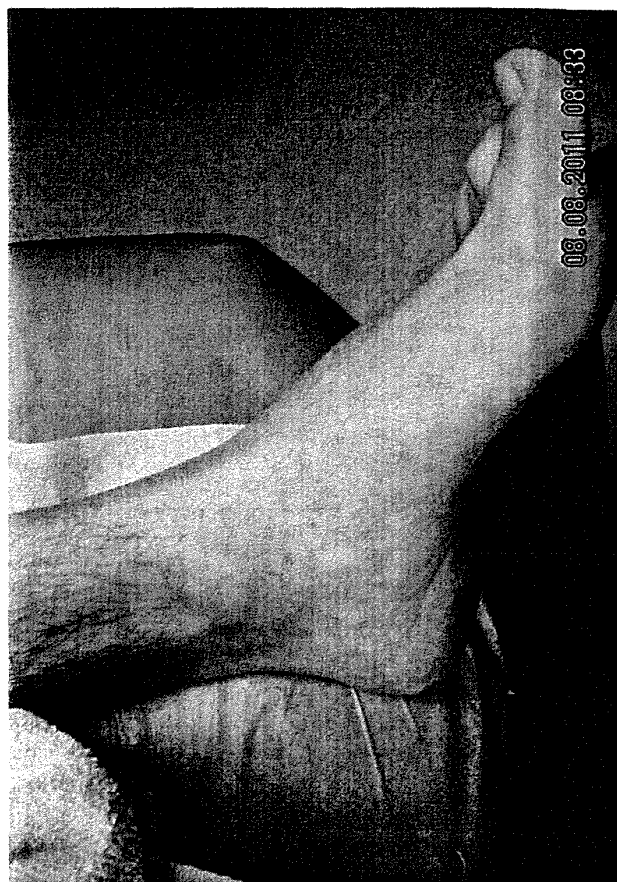












121

dm

Addition  
 I-11200-08-11

\*\*\*\*\*  
 \*\*\* REQUESTOR: SMU7295 - MURRAY, SARAH EMERGENCY ACTION CENTER \*\*\*  
 \*\*\*\*\*  
 \*\*\* S Y S M I N B A S K E T P R I N T \*\*\*

MESSAGE ID: 987906 DATE: 08/09/11 TIME: 17:00 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION  
 GENERAL TERMINAL  
 EMERGENCY ACTION CENTER

FROM: AS00015 - ARCIPRESTE, SAMUEL  
 CHAPLAIN I  
 MICHAEL UNIT

SUBJECT: DEATH NOTIFICATION

\*\*\*\*\*DEATH NOTIFICATION\*\*\*\*\*

INMATE: TOBONIDZE, ALEXANDER (REVISED TDCJ# 1578039  
 DATE OF DEATH: 08/08/2011  
 CUSTODY: GP L3 STATUS: S3W RACE: W/M DOB: 12/02/66 AGE: 45  
 CAUSE OF DEATH: CARDIAC ARREST TIME: 0815 DOCTOR: G. WRIGHT  
 PLACE OF DEATH: MI UNIT INFIRMARY  
 DUTY WARDEN: JODY HEFNER TIME: 0820  
 JUSTICE OF THE PEACE: MR. DAVIS TIME: 0850  
 TDCJ-ID-IAD: TONY ALLISON TIME: 0810  
 CARNES FUNERAL HOME: TIME: 0825  
 CHAPLAIN: CARLOS ARCIPRESTE TIME: 0835  
 EAC: GINGER KELLOGG I-11200-08-11 TIME: 1056  
 APPROVAL OF AUTOPSY BY N.O.K. ( ) YES ( ) NO ( X ) UNABLE TO CONTACT  
 N.O.K. RAZA BEGG (NEPHEW) TIME 1710 HRS PHONE 469-774-5727  
 ADDRESS: 2116 LEEDS DR. FAMILY WILL ( X ) WILL NOT ( ) CLAIM BODY  
 ADDRESS: PLANO, TEXAS 75025  
 LOCATION OF BODY:  
 LOCATION OF INMATE PROPERTY:

Sent to:	HSMA016	DEATH RECS/CAROLYN MCMILLIAN	(to)
	HUWAR01	HUNTSVILLE_WARDENS_OFFICE	(to)
	CHAPSUP	HARDIN, LAWANA	(to)
	HQEAC01	CENTER, EMERGENCY ACTION	(to)
	CAS7772	ASHWORTH, CARISE	(to)
	KEN2430	ENLOE, KELLY	(to)
	HOSPICE	<list>	(to)

✓  
08/08/11

dm

Addition  
I-11200-08-11

\*\*\*\*\*  
 \*\*\* REQUESTOR: SMU7295 - MURRAY, SARAH EMERGENCY ACTION CENTER \*\*\*  
 \*\*\*\*\*  
 \*\*\* S Y S M I N B A S K E T P R I N T \*\*\*

MESSAGE ID: 979087 DATE: 08/08/11 TIME: 17:04 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION  
 GENERAL TERMINAL  
 EMERGENCY ACTION CENTER

FROM: AS00015 - ARCIPRESTE, SAMUEL  
 CHAPLAIN I  
 MICHAEL UNIT

SUBJECT: DEATH NOTIFICATION

\*\*\*\*\*DEATH NOTIFICATION\*\*\*\*\*

INMATE: TOGONIDZE, ALEXANDER TDCJ# 1578039  
 DATE OF DEATH: 08/08/2011  
 CUSTODY: GP L3 STATUS: SSW RACE: W/M DOB: 12/02/66 AGE: 45  
 CAUSE OF DEATH: CARDIAC ARREST TIME: 0815 DOCTOR: G.WRIGHT  
 PLACE OF DEATH: MI INFIRMARY  
 DUTY WARDEN: JODY HEFNER TIME: 0820  
 JUSTICE OF THE PEACE: MR. DAVIS TIME: 0850  
 TDCJ-ID-IAD: TONY ALLISON TIME: 0810  
 CARNES FUNERAL HOME: TIME: 0825  
 CHAPLAIN: CARLOS ARCIPRESTE TIME: 0835  
 EAC: GINGER KELLOGG I-11200-08-11 TIME: 1056  
 APPROVAL OF AUTOPSY BY N.O.K. ( ) YES ( ) NO ( X ) UNABLE TO CONTACT  
 N.O.K. TIME HRS PHONE  
 ADDRESS: FAMILY WILL ( ) WILL NOT ( ) CLAIM BODY  
 ADDRESS:  
 LOCATION OF BODY:  
 LOCATION OF INMATE PROPERTY:

Sent to: HSMA016 DEATH RECS/CAROLYN MCMILLIAN (to)  
 HUWAR01 HUNTSVILLE\_WARDENS\_OFFICE (to)  
 CHAPSUP HARDIN, LAWANA (to)  
 HQEAC01 CENTER, EMERGENCY ACTION (to)  
 CAS7772 ASHWORTH, CARISE (to)  
 KEN2430 ENLOE, KELLY (to)  
 ROSPICE (list) (to)





**Fw: Offender Death**

**William Stephens** to: R.C. Thaler, Oscar Mendoza,  
Thomas Prasifka, Kathy Cleere

08/08/2011 11:17 AM

From: William Stephens/Institutional/TDCJ  
To: R.C. Thaler/Institutional/TDCJ@TDCJ, Oscar Mendoza/Institutional/TDCJ@TDCJ, Thomas Prasifka/Institutional/TDCJ@TDCJ, Kathy Cleere/Executive\_Directors\_Office/TDCJ@TDCJ  
Mail #: WS-471

another one. housing temperature not extreme. may not be heat related.

----- Forwarded by William Stephens/Institutional/TDCJ on 08/08/2011 11:15 AM -----

From: Robert Eason/Institutional/TDCJ  
To: William Stephens/Institutional/TDCJ@TDCJ  
Date: 08/08/2011 10:45 AM  
Subject: Fw: Offender Death

Boss,

Here's the information on the offender death at Michael we discussed a few minutes ago.

RJE

----- Forwarded by Robert Eason/Institutional/TDCJ on 08/08/2011 10:39 AM -----

From: Todd Foxworth/Institutional/TDCJ  
To: Robert Eason/Institutional/TDCJ@TDCJ  
Cc: Dwayne Dewberry/Institutional/TDCJ@TDCJ, William Motal/Institutional/TDCJ@TDCJ, Jimmy Bowman/Institutional/TDCJ@TDCJ, Jody Hefner/Institutional/TDCJ@TDCJ, /TDCJ@TDCJ, William Jock/Institutional/TDCJ@TDCJ, Steven Goff/Private\_Facilities\_Div/TDCJ@TDCJ, Keith January/Institutional/TDCJ@TDCJ, Michael Stephenson/Institutional/TDCJ@TDCJ, Christopher Holman/Institutional/TDCJ@TDCJ  
Date: 08/08/2011 10:04 AM  
Subject: Offender Death

Offender Togonidze, Alexander #1578039, W/M, G3 was discovered in his cell on 4 building non responsive at approximately 805am by the correctional officer. ICS was initiated by security staff and medical responded. Subject offender had a pulse and heartbeat. He was transported to the medical department where his condition began to deteriorate. Dr. Wright was at the unit and directed the emergency response. The offender was diagnosed with hypertension, diabetes, he was a seizure patient and had other medical conditions. His core body temperature was 106 degrees when he arrived in the medical dept. An ambient temperature was taken by the Risk Manager in the offender's cell and was recorded as 86.2 degrees and the housing area temperature was 86.5 degrees. The offender reportedly ate breakfast this morning in the chow hall and his cellmate stated he appeared fine at this time. The offenders cellmate was compatible with Offender Togonidze as they were 6 years apart in age and 10lbs difference in weight. It is noted that the offender did own and have a fan in his cell. The Michael unit is placing ice water in all housing areas here 2 to 3 times a day as well as ensuring all fans are operational in the living areas. In addition, the offenders are allowed to wear shorts and t-shirts in the dayrooms. We are currently attempting to reach the next of kin of Offender Tongonidze. OIG is assisting us with this process as the tel #'s we have are producing a fast busy signal. Additional info will be forwarded as received.

=

*TO: Reader*  
*Offender Death*  
*(Cause Pending)*

\*\*\*\*\*  
 \*\*\* REQUESTOR: JST1660 - STEVENSON, JUDY EMERGENCY ACTION CENTER \*\*\*  
 \*\*\*\*\*  
 \*\*\* S Y S M I N B A S K E T P R I N T \*\*\*

MESSAGE ID: 977182 DATE: 08/08/11 TIME: 13:22 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION  
 GENERAL TERMINAL  
 EMERGENCY ACTION CENTER

FROM: RBU1461 - BUSH, ROBERT  
 LIEUTENANT  
 MICHAEL UNIT

SUBJECT: I-11200-08-11

EAC USE ONLY: DATE REPORTED: *8-8* TIME REPORTED: *1056*

EMERGENCY ACTION CENTER INCIDENT NO: I - 11200 - 08 - 11  
 MAJOR USE OF FORCE NUMBER (IF APPLICABLE): M - - -  
 TYPE OF INCIDENT: OFFENDER DEATH CARDIAC ARREST/HEAT RELATED  
 UNIT: MI REGION 02 DATE OCCURRED: 08 / 08 / 2011 TIME OCCURRED: 08:15  
 SPECIFIC LOCATION: UNIT INFIRMARY *4D-41*  
 INITIAL INCIDENT COMMANDER: (IF APPLICABLE)  
 RANK/NAME: SGT. ODIKA, D.  
 FINAL INCIDENT COMMANDER (IF COMMAND WAS TRANSFERRED):  
 RANK/NAME: CPT. STEPHENSON, M.  
 LEVEL OF RESPONSE: (INDICATE ALL THAT APPLY)  
 X A B C D E N/A (IF INCIDENT WAS HANDLED WITHOUT  
 REQUEST FOR RESPONSE TEAM)  
 GANG IDENTIFICATION: NONE  
 WAS OFFICE OF INSPECTOR GENERAL NOTIFIED: X YES NO  
 WAS INCIDENT RACIALLY MOTIVATED: YES X NO

OFFENDER INFORMATION  
 OFFENDER NAME (LAST, FIRST M) TDCJ NO CUST RACE SEX AGE INJ A-V  
 TOSONIDZE, ALEXANDER 1578039 G3 W M 45 Y V

*44*

WERE OFFENDERS TRANSFERRED TO A HOSPITAL YES X NO  
 BY: EMS VAN LIFE FLIGHT  
 NAME OF HOSPITAL:

TREATMENT:

NAME (LAST, FIRST M)	EMPLOYEE INFORMATION					RANK
	SSN	RACE	SEX	AGE		

WHEN REPORTING AN ALLEGED SEXUAL ASSAULT PLEASE PROVIDE THE FOLLOWING  
 WAS A RAPE KIT COMPLETED YES NO DECLINED  
 WAS A SEXUAL ASSAULT REPRESENTATIVE REQUESTED/PROVIDED YES NO DECLINED  
 IF YES NAME/TITLE OF REPRESENTATIVE:

WHEN REPORTING A DEATH/SUICIDE/HOMICIDE PLEASE PROVIDE THE FOLLOWING  
 DATE: 08 / 08 / 2011 TIME: 08 : 15 PRONOUNCED DECEASED  
 PERSON PRONOUNCING VICTIM DECEASED NAME/TITLE: DR. WRIGHT, G.  
 COUNTY WHERE DEATH OCCURRED: ANDERSON  
 PRELIMINARY CAUSE OF DEATH: CARDIAC ARREST/HEAT RELATED  
 NEXT OF KIN NOTIFIED YES X NO DATE: / / TIME: :  
 NAME OF NOK: IA LASHVILLE  
 HUNTSVILLE FUNERAL HOME NOTIFIED X YES NO  
 JUSTICE OF PEACE NOTIFIED: X YES NO

DESCRIPTION OF WEAPON(S) CONTRABAND

AMOUNT	CHEMICAL AGENT INFORMATION		AUTHORIZATION
	LIST TYPE		

WAS TEAM AUTHORIZED YES X NO DECONTAMINATED YES X NO INJURIES X YES NO

WERE ANY TECHNOLOGIES/PROTECTIVE EQUIPMENT/CANINE LISTED BELOW PERTINENT TO THIS INCIDENT?  
 YES X NO

IF YES, INDICATE APPLICABLE

PARCEL SCANNER  
 WALK THROUGH METAL DETECTOR  
 HAND HELD METAL DETECTOR  
 B.O.S.S. CHAIR  
 VIDEO SURVEILLANCE  
 HEARTBEAT DETECTION SYSTEMS X  
 BODY ALARM  
 PERIMETER FENCE DETECTION SYSTEMS

11200

STAB-RESISTANT VEST  
NARCOYIC DETECTOR CANINE  
CELL PHONE DETECTOR CANINE  
PACK CANINES  
S.A.R. CANINES  
CONTRABAND INTERDICTION SHAKEDOWN TEAM  
OTHER:

WHEN APPLICABLE INCLUDE IN THE "SUMMARY OF INCIDENT" HOW THE RESOURCE(S) IDENTIFIED ABOVE WAS RELEVANT TO THE INCIDENT.

SUMMARY OF INCIDENT

ON 8/8/11 AT APPROXIMATELY 08:05 HRS. OFFICER WHITLEY J. WAS CONDUCTING COUNT PROCEDURES AND NOTICED THAT OFFENDER TOGONIDZE, ALEXANDER 1578039 WAS UNRESPONSIVE IN HIS ASSIGNED CELL 4D41B. OFFICER WHITLEY IMMEDIATELY CALLED FOR A SUPERVISOR AND MEDICAL STAFF. SGT. ODIKA, D. ARRIVED ON SCENE AND STARTED ICS. MEDICAL STAFF ARRIVED AND THE OFFENDER WAS ESCORTED TO THE UNIT INFIRMARY AND CPR WAS STARTED IMMEDIATELY BY SECURITY STAFF AND MEDICAL CELL SIDE. THE CPR CONTINUED AND ALL LIFE SAVING MEASURES INCLUDING THE AED WAS USED TO TRY TO REVIVE THE OFFENDER TO NO AVAIL. DR. WHRIGHT, S. PRONOUNCED THE OFFENDER DECEASED AT 08:15 HRS. THE CAUSE OF DEATH WAS CORE TEMPERATURE READ 106 DEGREES AND THE HEAT HAD A AFFECT ON THE OFFENDERS HEALTH CONDITIONS LEADING TO CARDIAC ARREST. THE TEMPERATURE IN THE CELL WAS MEASURED ABOUT THIS TIME AND READ 84 DEGREES. TONY ALLISON OF DIG WAS CONTACTED AT 08:10 HRS. AND ARRIVED AT THE E/R AT APPROXIMATELY 08:22 HRS. JUSTICE OF THE PEACE DAVIS ARRIVED ON THE UNIT AT 08:50 HRS. AND AGGREGED WITH THE CAUSE OF DEATH AND SUGGESTED A AUTOPSY. TONY ALLISON PERFORMED A EXAM OF THE OFFENDER AND ONLY FOUND A FACIAL BRUISE WHICH HE BELIEVED WAS CAUSED BY THE OFFENDER FALLING, NO FOUL PLAY OR OFFENDER ASSAULT WAS FOUND BY OFFICER ALLISON. CARNES FUNERAL HOME WAS CONTACTED AT 08:25 HRS. AND ARRIVED ON THE UNIT AT 11:35 HRS. AND TOOK POSSESSION OF THE BODY AND LEFT THE UNIT 11:50 HRS. GINGER AT EAC WAS CONTACTED AT 10:56 AND ISSUED I-11200-08-11 TO THE INCIDENT. DUTY WARDEN J. HEFFNER WAS NOTIFIED AT 08:20 HRS. THE UNIT CHAPLAIN IS AT THIS TIME TRYING TO ESTABLISH CONTACT WITH NEXT OF KIN LISTED IN OFFENDER TOGONIDZE'S RECORDS, AND AT THIS TIME NO CONTACT HAS BEEN SUCCESSFULL. ALL PERTINENT AUTHORITIES HAVE BEEN CONTACTED.

11200

(SEND ADDITIONAL INFORMATION TO HQEAC01 INCLUDE INCIDENT NUMBER AS SUBJECT)  
PREPARED BY: LT. R. BUSH DATE: 08 / 08 / 2011  
AUTHORIZED BY: MAJOR J. HEFFNER.

Sent to: INCIDENT <list> (to)

11200